

Foster Family Home - Deficiency Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, CNA

Review ID: 1-130050-16

91-706 Poloula Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 9/21/2023

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

9/21/23

Date

9/21/23

Date