

Foster Family Home - Deficiency Report

Provider ID: 1-210014

Home Name: Zenaida Bagamasbad, NA

Review ID: 1-210014-8

94-106 Poloai Way

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date:

10/6/2023

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 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date