

Foster Family Home - Deficiency Report

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA

Review ID: 1-561119-17

94-441 A Kiau Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 11/29/2023

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.

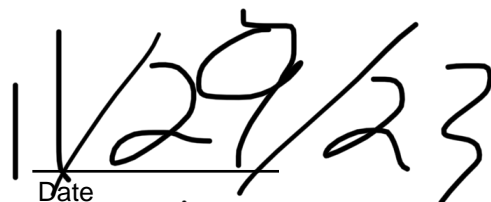
CCFFH met all requirements at the time of the inspection.



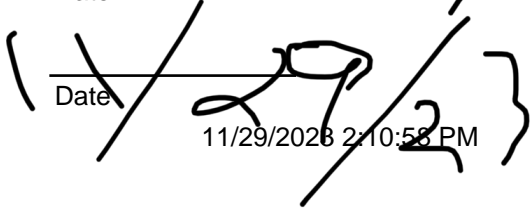
Compliance Manager



Primary Care Giver



Date



Date

11/29/2023 2:10:58 PM