

Foster Family Home - Deficiency Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-13

724 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 12/5/2023

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 recertification inspection.

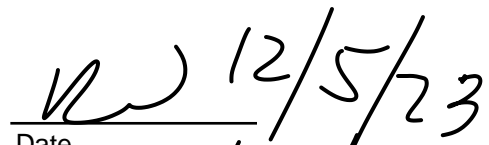
CCFFH met all requirements at the time of inspection.



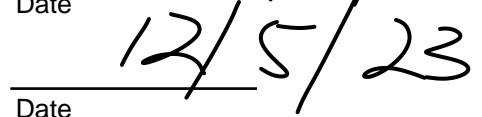
Compliance Manager



Primary Care Giver

 12/5/23

Date

 12/5/23

Date