

# Foster Family Home - Deficiency Report

Provider ID: 1-513334

Home Name: Magdalena Banda, CNA

Review ID: 1-513334-15

92-669 Palailai Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 6/10/2024

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

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

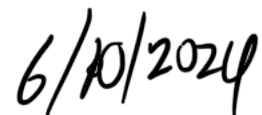
-----  
Comment:

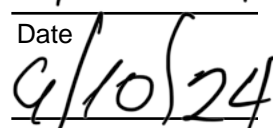
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date