

Foster Family Home - Deficiency Report

Provider ID: 1-170054

Home Name: Mayrose Abadilla, CNA

Review ID: 1-170054-13

94-992 Kualua Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 5/9/2024

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

Primary Care Giver

5/9/24

Date

5/9/24

Date