

# Foster Family Home - Deficiency Report

Provider ID: 1-618952

Home Name: Myrna Bahou, NA

Review ID: 1-618952-16

94-564 Kupuna Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 6/26/2024

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

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

Comment:

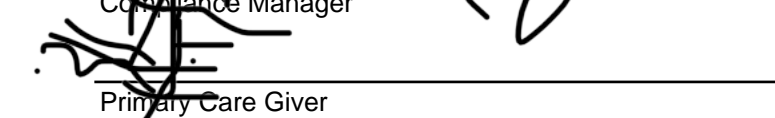
6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



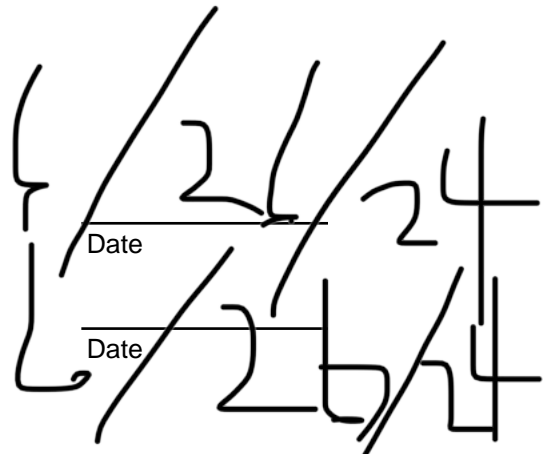
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Compliance Manager



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Primary Care Giver



\_\_\_\_\_

Date

Date