

Foster Family Home - Deficiency Report

Provider ID: 1-240065

Home Name: Cynthia Badua, CNA

Review ID: 1-240065-1

256 Thomas Street

Reviewer: David Ayling

Wahiawa HI 96786


Begin Date: 8/30/2024

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

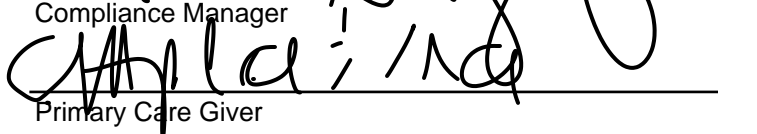
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

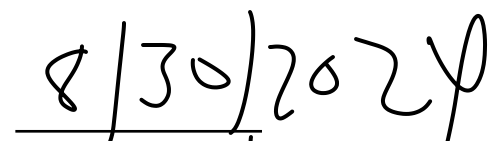
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



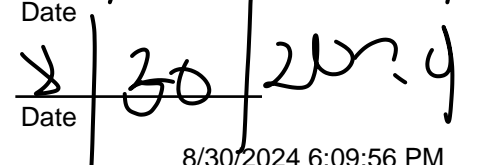
Compliance Manager



Primary Care Giver



Date



Date

8/30/2024 6:09:56 PM