

Foster Family Home - Deficiency Report

Provider ID: 1-220091

Home Name: Mae Badua, CNA

Review ID: 1-220091-5

94-305 B Waikele Road

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/29/2024

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

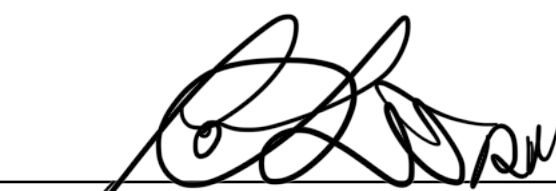
6.(d)(1) Comply with all applicable requirements in this chapter; and

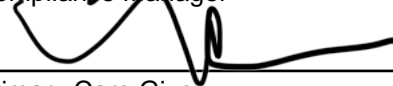
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.


CCFFH is applying for increase from 2 beds to 3 beds.

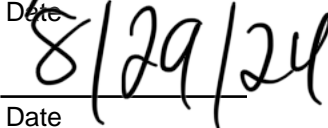
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date