

Foster Family Home - Deficiency Report

Provider ID: 1-130003

Home Name: Myrna Tumbaga, CNA

Review ID: 1-130003-18

4506 Ukali Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 12/6/2024


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

12/6/2024

Date

12/6/2024

Date