

# Foster Family Home - Deficiency Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-15

724 Ihi Ihi Avenue

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 11/12/2024

Foster Family Home

Required Certificate

[11-800-6]


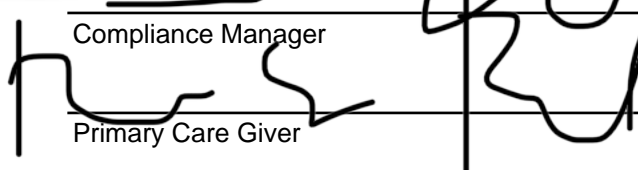
6.(d)(1) Comply with all applicable requirements in this chapter; and

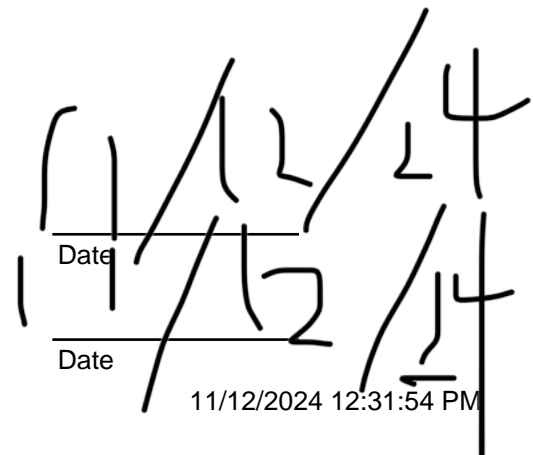
Comment:

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

CCFFH met all requirements at the time of the inspection.

PCG requests to decrease from 3-bed CCFFH to 2-bed CCFFH.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date  
11/12/2024 12:31:54 PM