

# Foster Family Home - Deficiency Report

Provider ID: 1-513334

Home Name: Magdalena Banda, CNA

Review ID: 1-513334-17

92-669 Palailai Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 7/22/2025

Foster Family Home

Required Certificate



[11-800-6]

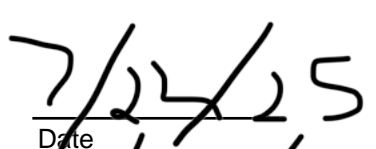
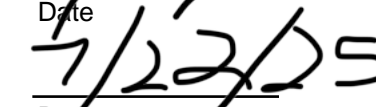
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

CCFFH met all requirements at the time of the inspection.

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date