

Foster Family Home - Deficiency Report

Provider ID: 1-170054

Home Name: Mayrose Abadilla, CNA

Review ID: 1-170054-15

94-992 Kualua Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 6/26/2025

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager

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Primary Care Giver


Date

Date