

# Foster Family Home - Deficiency Report

Provider ID: 1-561218

Home Name: Mayrose Bamba, CNA

Review ID: 1-561218-18

739 Hoopai Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 1/13/2026

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

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

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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  
  
\_\_\_\_\_  
Primary Care Giver

1/13/26  
\_\_\_\_\_  
Date  
1/13/26  
\_\_\_\_\_  
Date