

Foster Family Home - Deficiency Report

Provider ID: 1-513079

Home Name: Glenda Felix, CNA

Review ID: 1-513079-8

94-1247 Kahuaina Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/15/2021

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

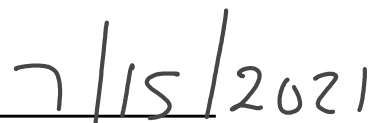
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



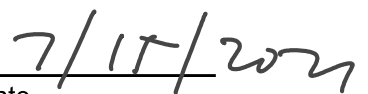
Compliance Manager



Date



Primary Care Giver



Date