

Foster Family Home - Deficiency Report

Provider ID: 1-150046

Home Name: Lilia Basilio, CNA

Review ID: 1-150046-8

94-116 Haaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/27/2021

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


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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

7/27/2021
Date

7/27/2021
Date