

Foster Family Home - Deficiency Report

Provider ID: 2-150051

Home Name: Scott Stubbert, RN

Review ID: 2-150051-9

16-1510 Pohaku Circle

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 7/13/2021

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


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

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

7/13/21

Date

7/13/21

Date