

Foster Family Home - Deficiency Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

Review ID: 1-516023-10

44-124 Mikiola Drive

Reviewer: Julie Hastings

Kaneohe

HI 96744

Begin Date: 8/3/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

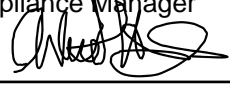
6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager

8/3/2021

Date



Primary Care Giver

8/3/2021

Date