

Foster Family Home - Deficiency Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-11

58 West Naauao Street

Reviewer: David Ayling

Hilo HI 96720


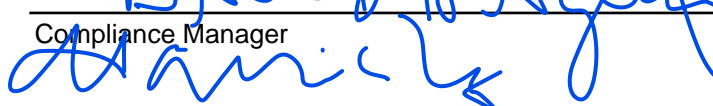
Begin Date: 9/17/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

 Compliance Manager	 Primary Care Giver	<u>9/17/2021</u> Date	<u>9/17/2021</u> Date
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