

Foster Family Home - Deficiency Report

Provider ID: 1-564014

Home Name: Joy Muncal, CNA

Review ID: 1-564014-12

94-1040 Hahana Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/5/2021

Foster Family Home


Required Certificate

[11-800-6]

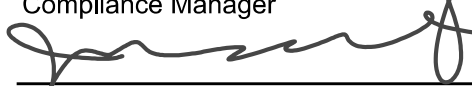
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

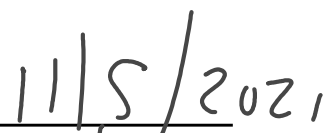
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



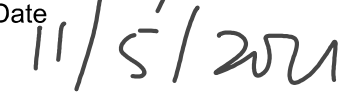
Compliance Manager



Primary Care Giver



Date



Date