

Foster Family Home - Deficiency Report

Provider ID: 1-569949

Home Name: Patricia Nicolas, CNA

Review ID: 1-569949-10

2008 Kealoha Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/4/2021

Foster Family Home

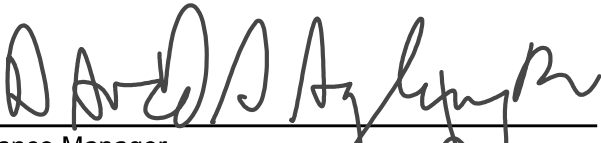
Required Certificate

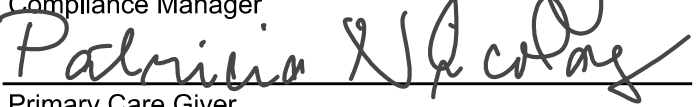
[11-800-6]

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

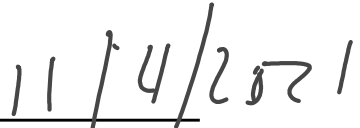
Comment:

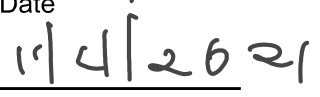
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.



Compliance Manager


Primary Care Giver



Date


Date