

Foster Family Home - Deficiency Report

Provider ID: 1-631318

Home Name: Zeny Basconcillo, CNA

Review ID: 1-631318-9

94-1153 Hinaea 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.


Foster Family Home

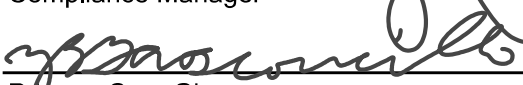
Quality Assurance

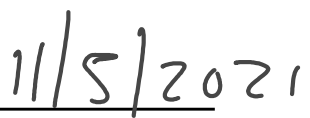
[11-800-50]

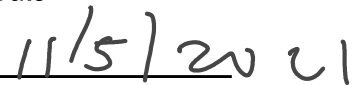
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:


Compliance Manager


Primary Care Giver


Date


Date