

# Foster Family Home - Deficiency Report

Provider ID: 2-210010

Home Name: Adam Borowitz, RN

Review ID: 2-210010-3

16-1703 37th Avenue

Reviewer: Terri Van Houten

Keaau

HI 96749

Begin Date: 12/14/2021

Foster Family Home


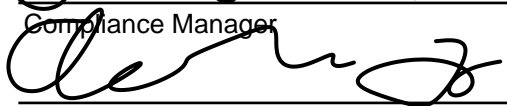
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) – Unannounced home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/14/21  
\_\_\_\_\_  
Date  
12/14/21  
\_\_\_\_\_  
Date