

Foster Family Home - Deficiency Report

Provider ID: 2-631285

Home Name: Berlinda Villa, CNA

Review ID: 2-631285-10

16-518 Ohe Street

Reviewer: Terri Van Houten

Keaau HI 96749

Begin Date: 11/17/2021

Foster Family Home Required Certificate [11-800-6]

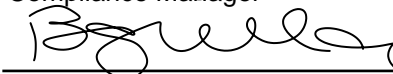
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

11/17/21

Date

11/17/21

Date