

Foster Family Home - Deficiency Report

Provider ID: 2-160009

Home Name: Florabel Dalmacio, CNA

Review ID: 2-160009-8

15-1987 32nd Avenue

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 12/14/2021

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

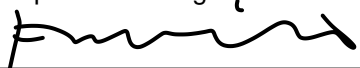
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



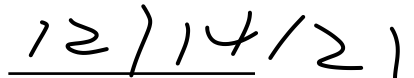
Compliance Manager



Primary Care Giver



Date



Date