

Foster Family Home - Deficiency Report

Provider ID: 2-180000

Home Name: Imelda Cabais, CNA

Review ID: 2-180000-8

20 East Kawaiiani Street

Reviewer: Terri Van Houten

Hilo HI 96720

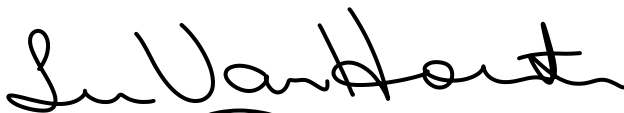
Begin Date: 12/3/2021

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

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

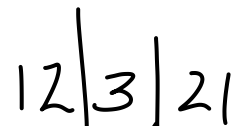
Comment:

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

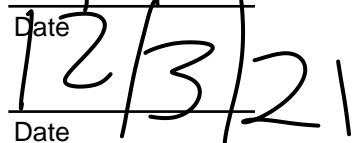


Compliance Manager

Primary Care Giver



Date



Date