

Foster Family Home - Deficiency Report

Provider ID: 1-210078

Home Name: Yojana Tsui, RN

Review ID: 1-210078-1

1575 Violet Street

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 11/24/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date


Date