

Foster Family Home - Deficiency Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla, CNA

Review ID: 1-160005-9

2025 Uhu Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/2/2022

Foster Family Home


Required Certificate


[11-800-6]

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

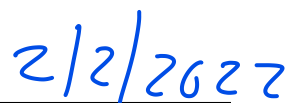
Comment:


6.(d)(1) - Home inspection for a 2 person CCFFH recertification. PCG requests to increase to a 3 client ccffh. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager


Primary Care Giver



Date


Date