

Foster Family Home - Deficiency Report

Provider ID: 1-210042

Home Name: Eunice Visitacion, CNA

Review ID: 1-210042-2

94-1084 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/27/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

12/27/2021
Date

12/27/2021
Date