

Foster Family Home - Deficiency Report

Provider ID: 1-160010

Home Name: Juvy Caslib, LPN

Review ID: 1-160010-8

2837 Numana Road

Reviewer: Terri Van Houten

Honolulu

HI 96819

Begin Date: 12/27/2021

Foster Family Home

Required Certificate

[11-800-6]

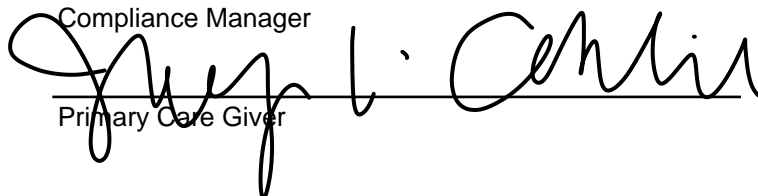
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – 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

12/21/21

Date

Date

12/21/21