

Foster Family Home - Deficiency Report

Provider ID: 2-619273

Home Name: Rowena Visaya, CNA

Review ID: 2-619273-11

15-1518 25th Avenue

Reviewer: Terri Van Houten

Keaau HI 96749

Begin Date: 1/20/2022

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

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

Comment:

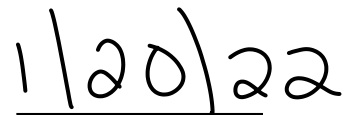
6.(d)(1) – Unannounced home inspection made for a 2 bed CCFFH annual. Home met all compliance requirements at the time of the inspection. No corrective action required.



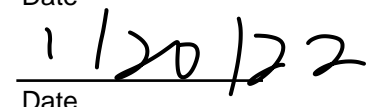
Compliance Manager



Primary Care Giver



Date



Date