

Foster Family Home - Deficiency Report

Provider ID: 1-130037

Home Name: Vilma Penuliar, CNA

Review ID: 1-130037-10

644 Olive Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 12/22/2021

Foster Family Home

Required Certificate

[11-800-6]

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

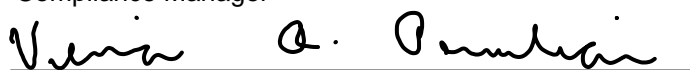
Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

 Maribel Nakamine, RW 12/22/2021

Compliance Manager

Date

 Vilma A. Penuliar

12/22/2021

Primary Care Giver

Date