

Foster Family Home - Deficiency Report

Provider ID: 1-210049

Home Name: Wency Martin, CNA

Review ID: 1-210049-3

1549 Lehia Street

Reviewer: Adrienne Kolo

Honolulu

HI

96818

Begin Date:

3/17/2022

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. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Adrienne A. Kolo

Compliance Manager

Primary Care Giver

03.17.22

Date

03-17-22

Date