

# Foster Family Home - Deficiency Report

Provider ID: 1-120016

Home Name: Wilhelmina Botelho, CNA

Review ID: 1-120016-11

94-570 Niulii Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/20/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
Compliance Manager

  
Primary Care Giver

12/20/2021  
Date

12/20/2021  
Date