

Foster Family Home - Deficiency Report

Provider ID: 3-635310

Home Name: Bernadette Carlson, CNA

Review ID: 3-635310-11

74-801 Uluaoa Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 4/6/2022

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



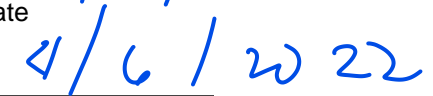
Compliance Manager



Date



Primary Care Giver



Date