

# Foster Family Home - Deficiency Report

Provider ID: 2-509789

Home Name: Erlinda Mirasol, CNA

Review ID: 2-509789-10

425 Ainaola Drive

Reviewer: David Ayling

Hilo HI 96720

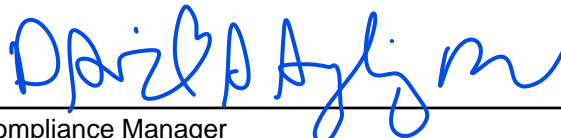
Begin Date: 3/22/2022

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

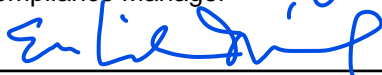
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

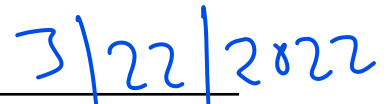
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



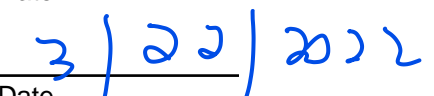
Compliance Manager



Primary Care Giver



Date



Date