

# Foster Family Home - Deficiency Report

Provider ID: 1-210043

Home Name: Grace E. Basilio, NA

Review ID: 1-210043-3

94-506 Loaa Street

Reviewer: Adrienne Kolo

Waipahu HI 96797

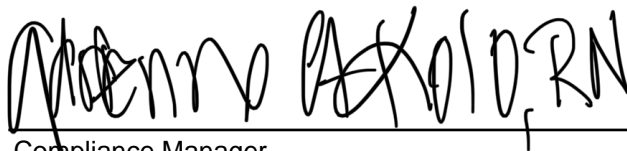
Begin Date: 3/18/2022

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

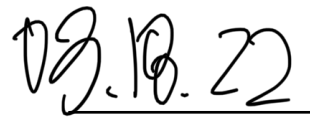
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

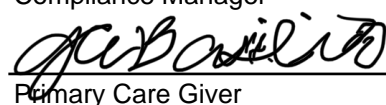
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection.



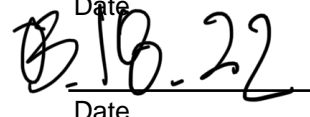
Compliance Manager



Date



Primary Care Giver



Date

GRACE E. BASILIO