

Foster Family Home - Deficiency Report

Provider ID: 1-220022

Home Name: Kathyrine Joy Prado, NA

Review ID: 1-220022-1

91-927 Pailani Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/20/2022

| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

Compliance Manager

Primary Care Giver

Date

Date