

Foster Family Home - Deficiency Report

Provider ID: 2-130057

Home Name: Delailah Babapulle, CNA

Review ID: 2-130057-11

684 Kilaha Place

Reviewer: David Ayling

Hilo HI 96720

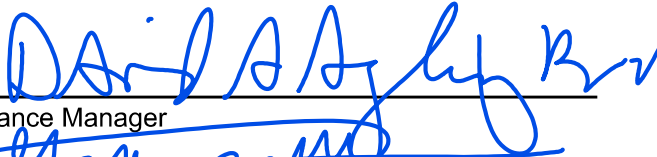
Begin Date: 4/25/2022

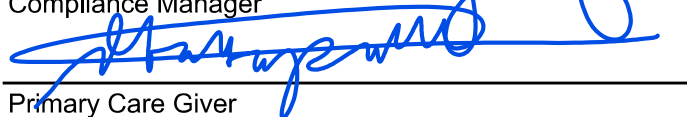
Foster Family Home **Required Certificate** **[11-800-6]**

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

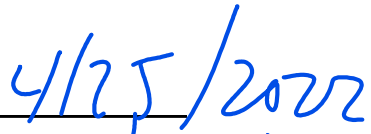
Comment:


6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager


Primary Care Giver



Date


Date