

# Foster Family Home - Deficiency Report

Provider ID: 2-632887

Home Name: Michelle Champion, CNA

Review ID: 2-632887-10

14-3433 Nanawale Boulevard

Reviewer: David Ayling

Pahoa HI 96778

Begin Date: 4/26/2022

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

4/26/2022  
Date

4/26/22  
Date