

Foster Family Home - Deficiency Report

Provider ID: 2-595861

Home Name: Lorylin Mirasol, CNA

Review ID: 2-595861-12

1397 Kuulei Street

Reviewer: David Ayling

Hilo HI 96720

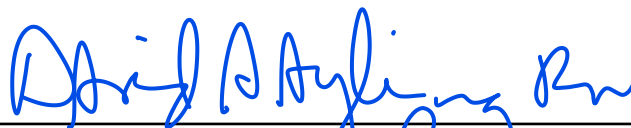
Begin Date: 5/27/2022

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

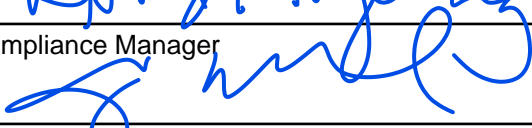
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

5/27/2022
5/27/2022

Date

Date