

Foster Family Home - Deficiency Report

Provider ID: 1-220035

Home Name: Luz Corteling, RN

Review ID: 1-220035-1

1423 Noelani Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 5/31/2022

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.

David A Ayling
Compliance Manager

Primary Care Giver

5/31/2022
Date

5/31/2022
Date