

# Foster Family Home - Deficiency Report

Provider ID: 1-220047

Home Name: Samuel L. Viernes, CNA

Review ID: 1-220047-1

94-584 Apii Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 6/30/2022

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 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