

Foster Family Home - Deficiency Report

Provider ID: 1-220071

Home Name: Abigail Fernando, NA

Review ID: 1-220071-1

2008 Ulana Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 10/3/2022

Foster Family Home

Required Certificate

[11-800-6]

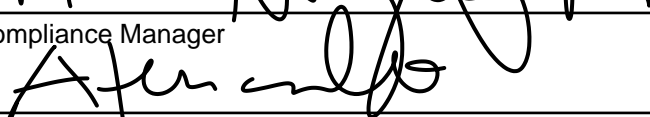
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

10/3/2022

Date

10-3-2022

Date