

Foster Family Home - Deficiency Report

Provider ID: 2-583254

Home Name: Edna Rice, CNA

Review ID: 2-583254-11

15-1707 26th Avenue,
Paradise Drive

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 8/3/2022

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver



Date



Date