

Foster Family Home - Deficiency Report

Provider ID: 2-200035

Home Name: Elisha Joy Tenorio, CNA

Review ID: 2-200035-5

17-147 Ipuaiwaha Street

Reviewer: David Ayling

Keaau

HI

96749

Begin Date: 8/23/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies. PCG requests to increase to a 3-client ccffh.

Compliance Manager

Primary Care Giver

Date

Date