

# Foster Family Home - Deficiency Report

Provider ID: 2-170022

Home Name: Felicisima Miguel, CNA

Review ID: 2-170022-10

81-1018 Meleana Place

Reviewer: David Ayling

Kealakekua HI 96750

Begin Date: 7/19/2022

Foster Family Home

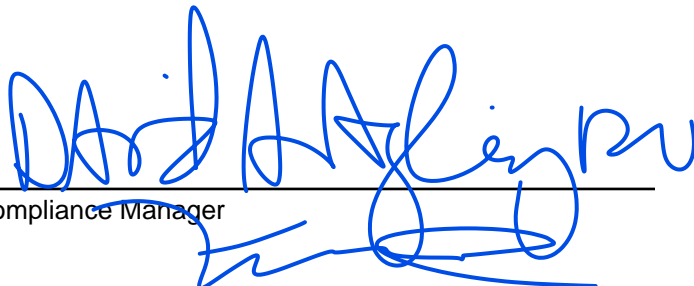
Required Certificate

[11-800-6]

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

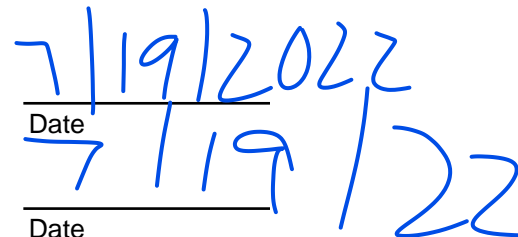
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager

Primary Care Giver



Date

Date