

Foster Family Home - Deficiency Report

Provider ID: 1-220062

Home Name: Heribert Basilio, CNA

Review ID: 1-220062-1

48 Dole Road

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 9/2/2022

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. CCFFH will receive a 2-bed certification.

		9/2/2022
Compliance Manager	Primary Care Giver	Date
		9/2/2022
		Date