

Foster Family Home - Deficiency Report

Provider ID: 1-220051

Home Name: Imelda Landingin, CNA

Review ID: 1-220051-1

95-276 Waiala Street

Reviewer: David Ayling

Mililani

HI 96789

Begin Date: 7/13/2022

Foster Family Home

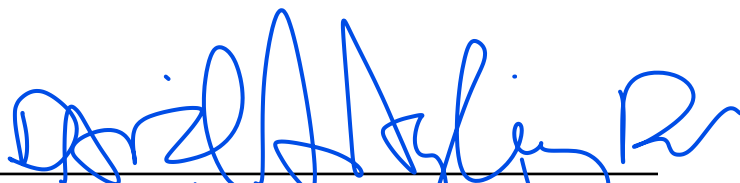
Required Certificate

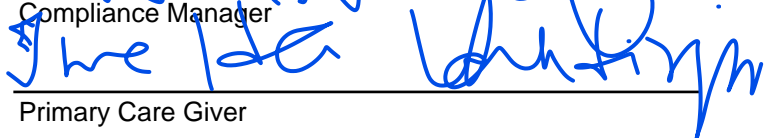
[11-800-6]

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


Comment:

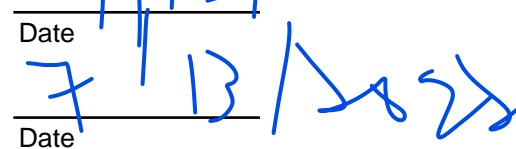
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date