

Foster Family Home - Deficiency Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-13

124 West Kinai Place

Reviewer: David Ayling

Hilo HI 96720

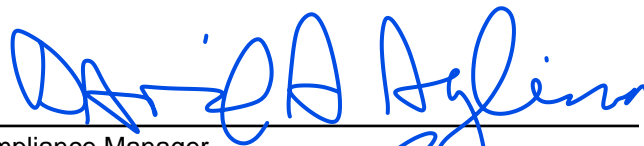
Begin Date: 7/25/2022

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

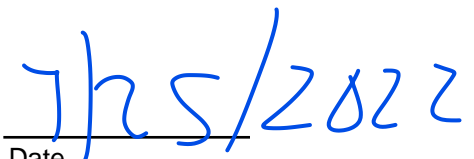
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver



Date



Date