

# Foster Family Home - Deficiency Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-12

15-1535 18th Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 8/22/2022

Foster Family Home

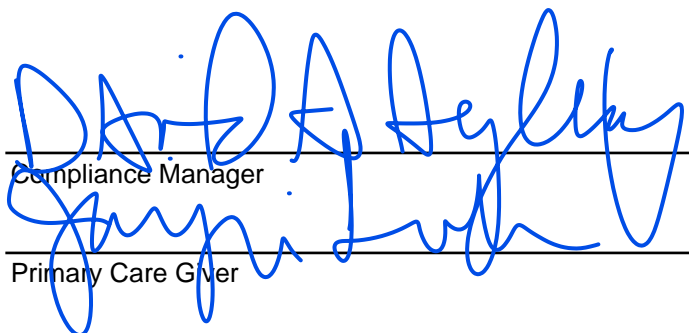
Required Certificate

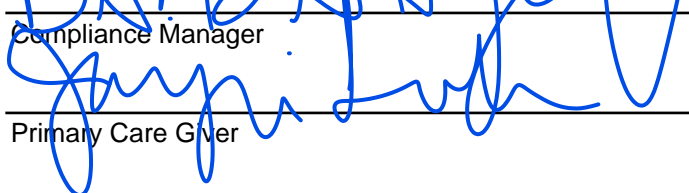
[11-800-6]

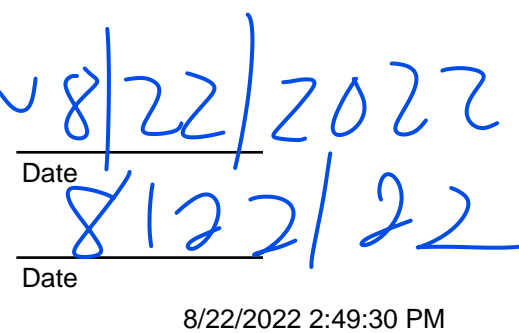
6.(d)(1) Comply with all applicable requirements in this chapter; and

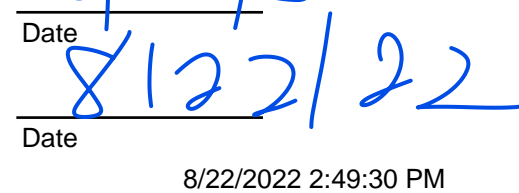
Comment:

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.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date