

# Foster Family Home - Deficiency Report

Provider ID: 2-160051

Home Name: Joenalyn Solmerin, CNA

Review ID: 2-160051-10

16-1366 36th Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 9/15/2022

Foster Family Home


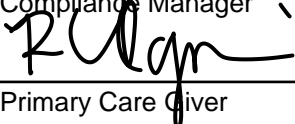
Required Certificate

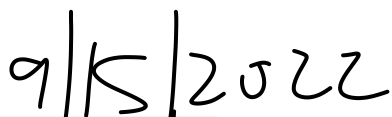
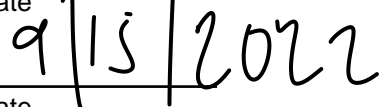
[11-800-6]

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