

Foster Family Home - Deficiency Report

Provider ID: 2-583212

Home Name: Jopher Salom, CNA

Review ID: 2-583212-12

1335 Kaiwiki Road

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 9/14/2022

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

9/14/2022
Date
9/14/2022
Date