

Foster Family Home - Deficiency Report

Provider ID: 1-220061

Home Name: Joyce Vinluan, CNA

Review ID: 1-220061-1

1817 Kaumualii Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 9/2/2022

Foster Family Home

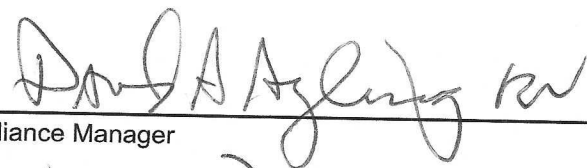
Required Certificate

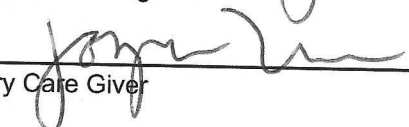
[11-800-6]

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

Comment:

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


Compliance Manager


Primary Care Giver

9/2/2022
Date

9/2/22
Date