

Foster Family Home - Deficiency Report

Provider ID: 3-625022

Home Name: Larry Quiabang, CNA

Review ID: 3-625022-12

74-5085 Kumakani Street

Reviewer: David Ayling

Kailua-Kona HI 96740


Begin Date: 9/8/2022

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.



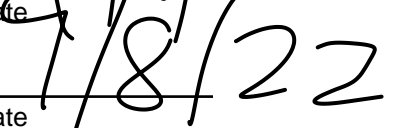
Compliance Manager



Primary Care Giver



Date



Date