

# Foster Family Home - Deficiency Report

Provider ID: 2-512170

Home Name: Maria Cariaga, CNA

Review ID: 2-512170-11

527 Awela Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 7/25/2022

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

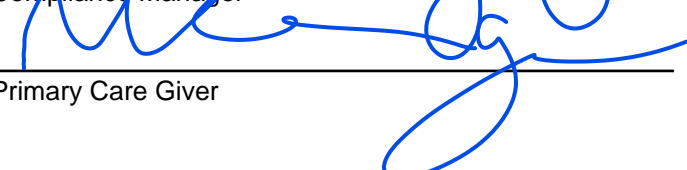
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date