

Foster Family Home - Deficiency Report

Provider ID: 2-130042

Home Name: Romeo Salom, Jr., CNA

Review ID: 2-130042-12

479 Luakaha Street

Reviewer: David Ayling

Hilo HI 96720

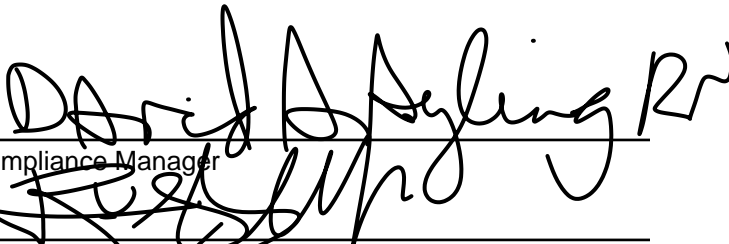
Begin Date: 7/28/2022

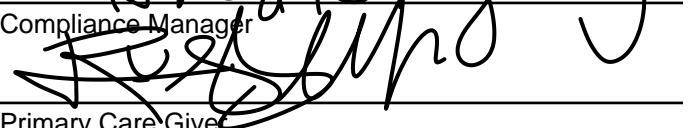
Foster Family Home **Required Certificate** **[11-800-6]**

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

7/27/2022

Date
7/27/2022

Date