

Foster Family Home - Deficiency Report

Provider ID: 2-509838

Home Name: Marylou Inocencio, CNA

Review ID: 2-509838-13

195 Kapualani Street

Reviewer: David Ayling

Hilo HI 96720

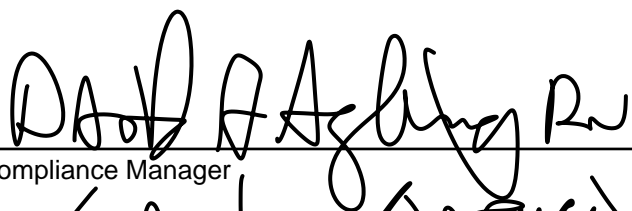
Begin Date: 9/12/2022

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


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

Comment:

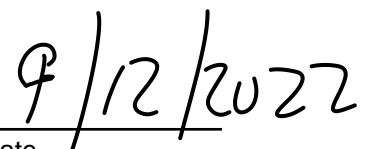
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Currently has no patients. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



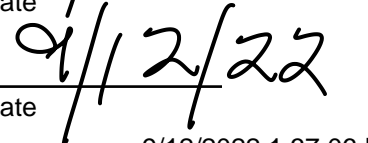
Compliance Manager



Primary Care Giver



Date



Date