

Foster Family Home - Deficiency Report

Provider ID: 2-510760

Home Name: Mercedita Tiangsing, CNA

Review ID: 2-510760-13

15-1385 29 Poni Moi Street

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 9/13/2022

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

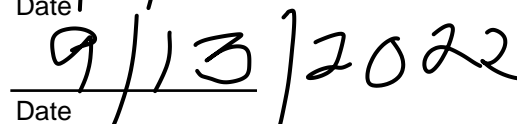
Compliance Manager

Primary Care Giver



Date

Date



Date

Date