

Foster Family Home - Deficiency Report

Provider ID: 1-220064

Home Name: Noel Quitaras, CNA

Review ID: 1-220064-1

2004 Kealoha Street, Apt. A

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 9/9/2022

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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

9/9/2022

Date

9/9/2022

Date