

Foster Family Home - Deficiency Report

Provider ID: 2-509888

Home Name: Grace Andres, CNA

Review ID: 2-509888-12

1682 Nohoana Place

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 9/16/2022


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

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

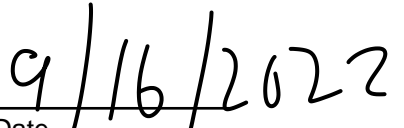
Comment:


6.(d)(1) - Home inspection for a 2 person CCFFH certification. PCG requests to decrease to a 1 client CCFFH. All requirements were met at the time of inspection. Home will receive a 1-bed certification.



Compliance Manager


Primary Care Giver



Date


Date