

Foster Family Home - Deficiency Report

Provider ID: 1-220084

Home Name: Amy Quindara, CNA

Review ID: 1-220084-1

2312-A Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/4/2022

Foster Family Home


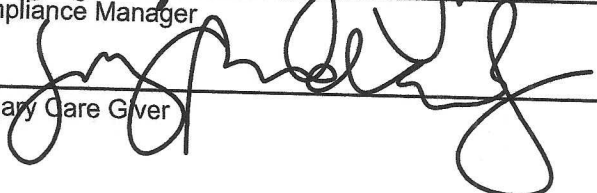
Required Certificate

[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

11/4/2022
Date
11/4/2022
Date

11/4/2022 2:50:34 PM