

Foster Family Home - Deficiency Report

Provider ID: 1-220082

Home Name: Prudencio Rivera, CNA

Review ID: 1-220082-1

99-564 Huakanu Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 11/1/2022

Foster Family Home


Required Certificate

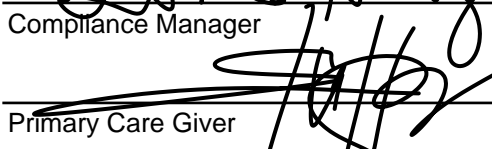
[11-800-6]

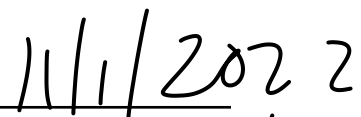
6.(d)(1) Comply with all applicable requirements in this chapter; and

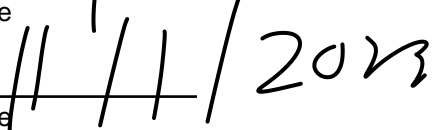
Comment:

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


Date


Date