

Foster Family Home - Deficiency Report

Provider ID: 1-220083

Home Name: Tiffany Lou Salcedo, CNA

Review ID: 1-220083-1

91-1030 Kaiakua Street

Reviewer: David Ayling

Ewa Beach

HI

96706

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.

David Ayling
Compliance Manager

Tiffany Salcedo
Primary Care Giver

11/4/2022
Date

11/04/2022
Date