

Foster Family Home - Deficiency Report

Provider ID: 2-100009

Home Name: Alejandro Salom, CNA

Review ID: 2-100009-12

15-1360 Poni Moi Street

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 10/20/2022

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

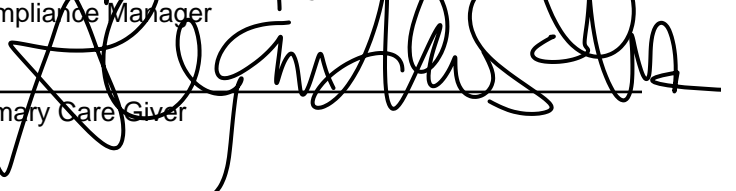
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver

10/20/2022

Date

10/20/22

Date

10/20/2022 2:50:03 PM