

Foster Family Home - Deficiency Report

Provider ID: 2-631285

Home Name: Berlinda Villa, CNA

Review ID: 2-631285-12

16-518 Ohe Street

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 10/19/2022

Foster Family Home

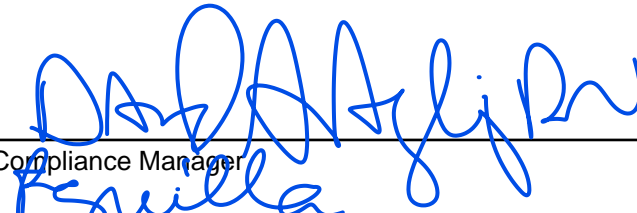
Required Certificate

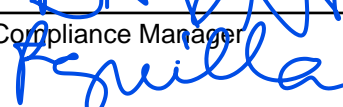
[11-800-6]

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


Comment:

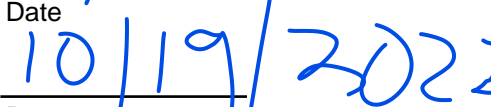
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager


Primary Care Giver



Date


Date