

Foster Family Home - Deficiency Report

Provider ID: 2-230016

Home Name: Donna Faye Abella, CNA

Review ID: 2-230016-1

15-1741 31st Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 3/16/2023

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.

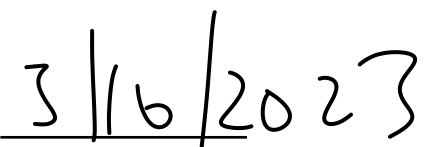
Foster Family Home Background Checks [11-800-8]

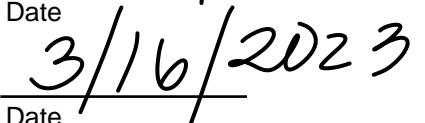
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:


Compliance Manager


Primary Care Giver


Date


Date