

Foster Family Home - Deficiency Report

Provider ID: 2-140078

Home Name: Edgar Chua Bartolome, CNA

Review ID: 2-140078-11

28-2884 Kaakepa Street

Reviewer: David Ayling

Pepeekeo HI 96783


Begin Date: 10/18/2022

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


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

Comment:

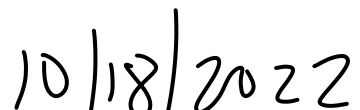
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



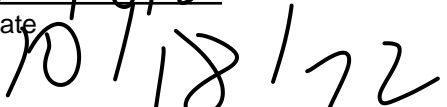
Compliance Manager



Primary Care Giver



Date



Date