

Foster Family Home - Deficiency Report

Provider ID: 2-180000

Home Name: Imelda Cabais, CNA

Review ID: 2-180000-10

20 East Kawaihani Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 11/14/2022

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

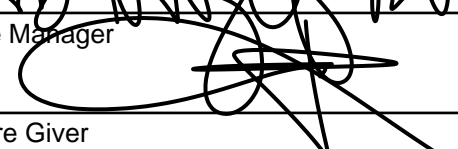
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

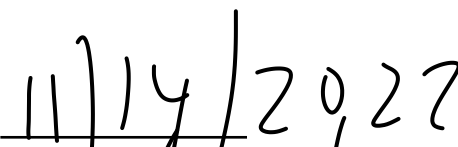
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



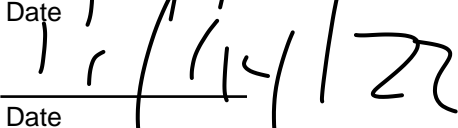
Compliance Manager



Primary Care Giver



Date



Date

11/14/2022 1:11:35 PM