

# Foster Family Home - Deficiency Report

Provider ID: 1-230002

Home Name: Lyden Botelho, CNA

Review ID: 1-230002-1

1652 Kalauipo Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 1/6/2023

Foster Family Home

Required Certificate


[11-800-6]

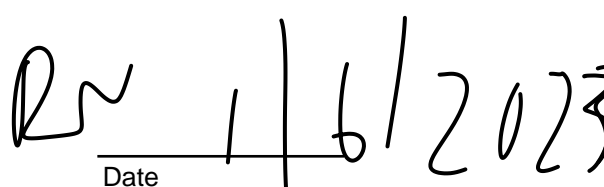
6.(d)(1) Comply with all applicable requirements in this chapter; and


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.

  
Compliance Manager

  
Primary Care Giver

  
Date 1/6/2023

  
Date 1/6/2023