

Foster Family Home - Deficiency Report

Provider ID: 2-160093

Home Name: Marites Cabaccang, CNA

Review ID: 2-160093-10

15-1505 28th Ave Poha Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 10/19/2022

Foster Family Home



Required Certificate

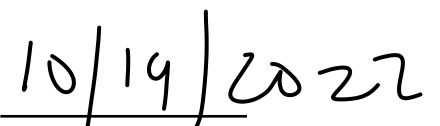
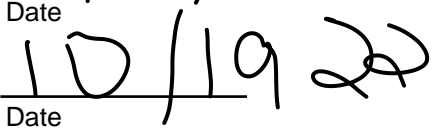
[11-800-6]

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