

Foster Family Home - Deficiency Report

Provider ID: 1-598427

Home Name: Mildred Dacoco, CNA

Review ID: 1-598427-11

1931 Waikahe Place

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/20/2022

Foster Family Home

Required Certificate

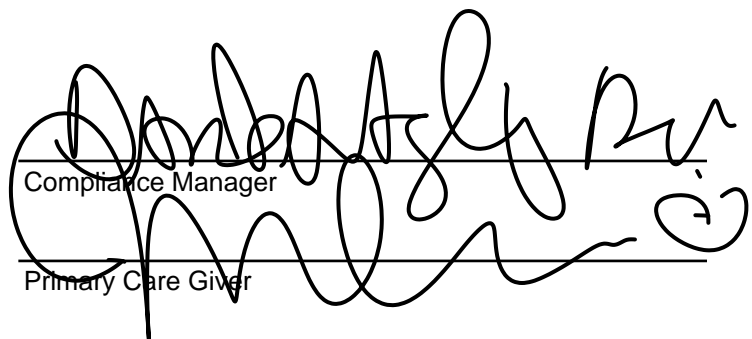
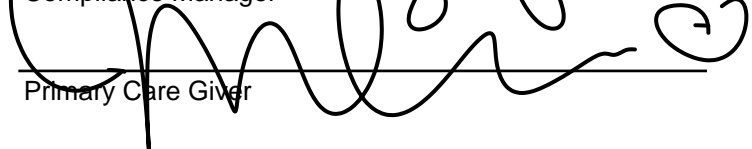
[11-800-6]

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.

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Compliance Manager

Primary Care Giver

12/20/2022
Date

12/20/22
Date