

Foster Family Home - Deficiency Report

Provider ID: 2-560062

Home Name: Rufelia Tomas, LPN

Review ID: 2-560062-11

45-496 Analio Place

Reviewer: David Ayling

Honokaa

HI 96727

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:

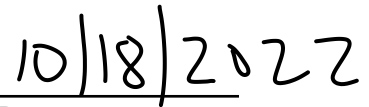
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. PCG requests to decrease to a 2 client CCFFH. Home will receive a 2-bed certification.



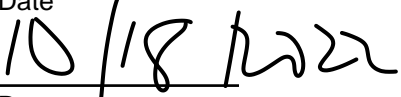
Compliance Manager



Primary Care Giver



Date



Date