

Foster Family Home - Deficiency Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptista, CNA

Review ID: 1-120017-18

1153 Kaweloka Street

Reviewer: David Ayling

Pearl City HI 96782


Begin Date: 11/9/2022

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

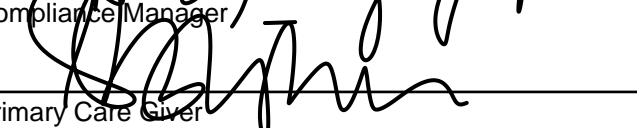
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

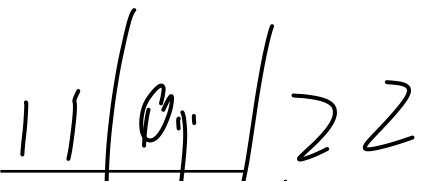
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.




Compliance Manager



Primary Care Giver



Date



Date