

Foster Family Home - Deficiency Report

Provider ID: 2-512328

Home Name: Arsenio Lopez, CNA

Review ID: 2-512328-12

920 Puku Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 4/4/2023

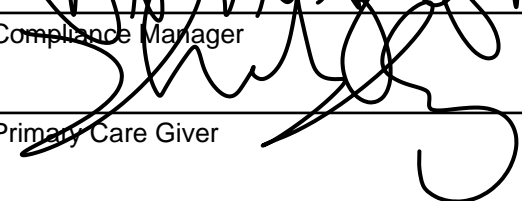
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.(d)(1) - Home inspection for a 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

4/4/2023

Date
5/4/2023

Date