

Foster Family Home - Deficiency Report

Provider ID: 1-597528

Home Name: Elena Cadiz-Ea, RN

Review ID: 1-597528-2

91-927 Ahona Street

Reviewer: David Ayling

Ewa Beach

HI

96706

Begin Date: 4/26/2023

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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Compliance Manager

Primary Care Giver

Date

Date

4/26/2023 10:31:01 AM