

Foster Family Home - Deficiency Report

Provider ID: 2-509789

Home Name: Erlinda Mirasol, CNA

Review ID: 2-509789-12

425 Ainaola Drive

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 3/14/2023

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

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

Comment:

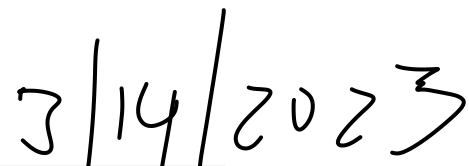
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies. Currently has only 1 patient.



Compliance Manager



Primary Care Giver



Date



Date