

Foster Family Home - Deficiency Report

Provider ID: 2-560054

Home Name: Ernesto Tadeo, CNA

Review ID: 2-560054-16

16-211 Orchidland Drive

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 2/9/2023

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

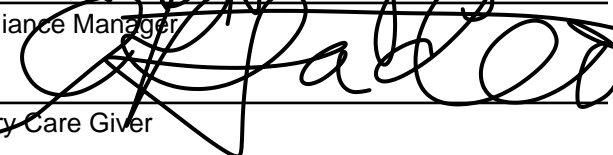
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

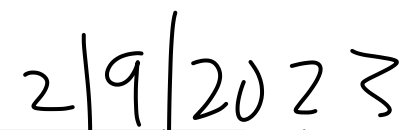
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



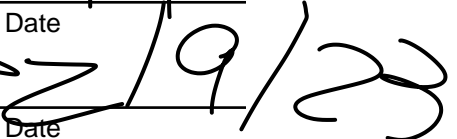
Compliance Manager



Primary Care Giver



Date



Date