

# Foster Family Home - Deficiency Report

Provider ID: 2-160008

Home Name: Marieta Reyes, CNA

Review ID: 2-160008-13

74-5209 Kauwela Place

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 3/2/2023

Foster Family Home

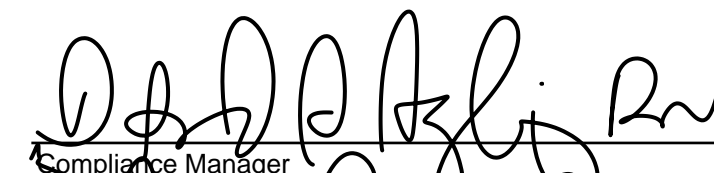

Required Certificate

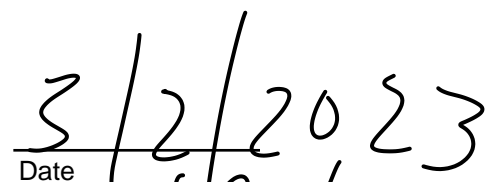
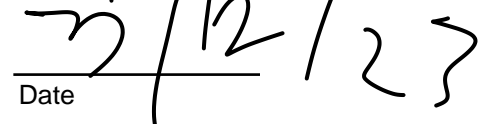
[11-800-6]

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

3/2/2023 9:55:01 AM