

Foster Family Home - Deficiency Report

Provider ID: 2-220040

Home Name: Patrick Herndon, CNA

Review ID: 2-220040-3

16-2122 Coconut Drive

Reviewer: David Ayling

Pahoa

HI

96778

Begin Date: 2/6/2023

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


Compliance Manager


Primary Care Giver


Date


Date