

Foster Family Home - Deficiency Report

Provider ID: 2-619273

Home Name: Rowena Visaya, CNA

Review ID: 2-619273-13

15-1518 25th Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 1/18/2023

Foster Family Home

Required Certificate

[11-800-6]

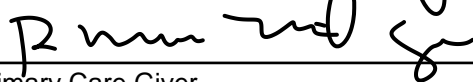
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

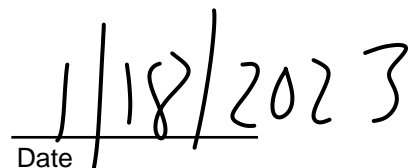
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



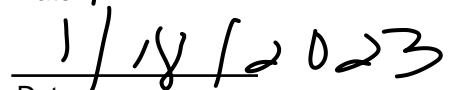
Compliance Manager



Primary Care Giver



Date



Date