

# Foster Family Home - Deficiency Report

Provider ID: 1-230009

Home Name: Sherir Joy D. Rafael, CNA

Review ID: 1-230009-1

91-633 Aikanaka Road

Reviewer: David Ayling

Ewa Beach

HI

96706

Begin Date: 2/14/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

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

Compliance Manager

Primary Care Giver

Date

Date