

# Foster Family Home - Deficiency Report

Provider ID: 1-230031

Home Name: Sherly Coloma, CNA

Review ID: 1-230031-1

816 2nd Street

Reviewer: David Ayling

Pearl City HI 96782


Begin Date: 5/4/2023

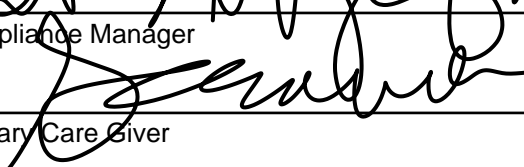
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

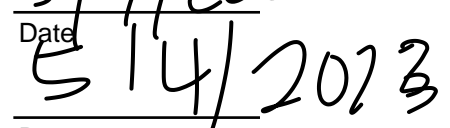
Comment:

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.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date