

Foster Family Home - Deficiency Report

Provider ID: 2-585599

Home Name: Susana Caban, CNA

Review ID: 2-585599-16

204 A East Kinai Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 3/16/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager
Date 3/16/2023


Primary Care Giver
Date 3/16/2023