

Foster Family Home - Deficiency Report

Provider ID: 1-230007

Home Name: Sweet Pouli, CNA

Review ID: 1-230007-1

85-844 Lihue Street

Reviewer: David Ayling

Waianae HI 96792

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