

Foster Family Home - Deficiency Report

Provider ID: 2-160049

Home Name: Wendy Anches, RN

Review ID: 2-160049-13

1263 Puhau Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 2/8/2023

Foster Family Home **Required Certificate** **[11-800-6]**

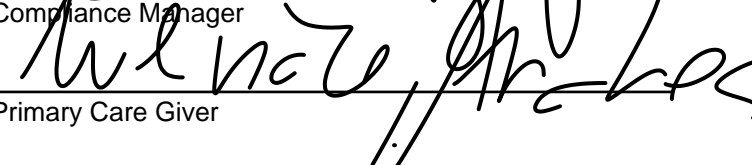
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

2/8/2023

Date

2/8/23

Date