

Foster Family Home - Deficiency Report

Provider ID: 1-220093

Home Name: Winfred Damo, NA

Review ID: 1-220093-1

816 Lopez Lane

Reviewer: David Ayling

Honolulu

HI

96817

Begin Date: 1/11/2023

Foster Family Home

Required Certificate

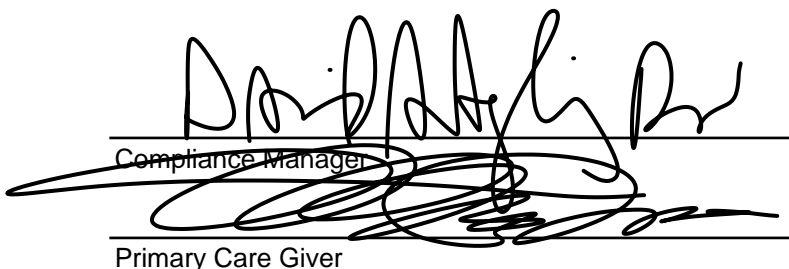
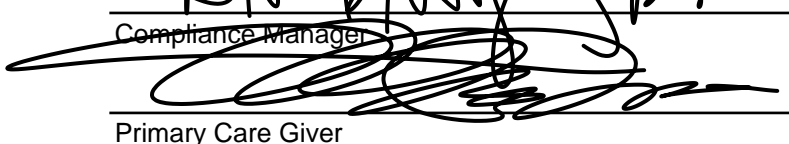
[11-800-6]

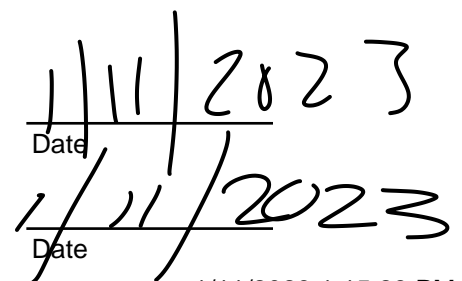
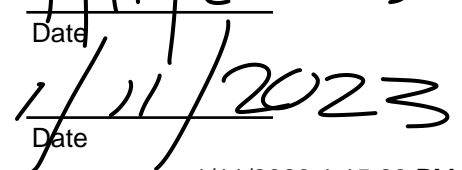
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.

1


Compliance Manager

Primary Care Giver


Date

Date