

Foster Family Home - Deficiency Report

Provider ID: 1-230001

Home Name: Leilanie Soliman, NA

Review ID: 1-230001-2

1747 Hookupa Street

Reviewer: David Ayling

Pearl City HI 96782


Begin Date: 5/18/2023

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

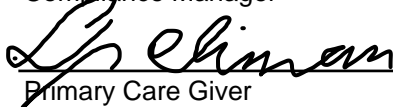
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

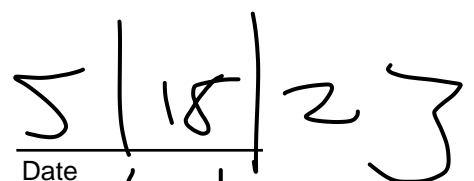
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



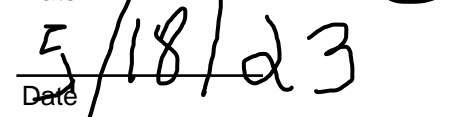
Compliance Manager



Primary Care Giver



Date



Date