

# Foster Family Home - Deficiency Report

Provider ID: 2-578817

Home Name: Lily Jacinto, CNA

Review ID: 2-578817-12

73-1158 Ala Kapua Street

Reviewer: David Ayling

Kailua-Kona HI 96740

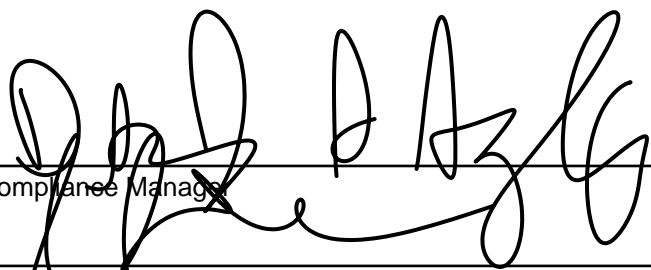
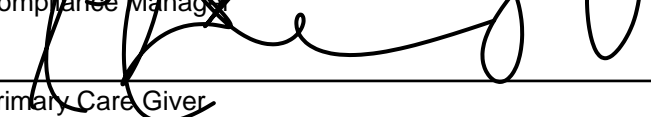
Begin Date: 5/9/2023

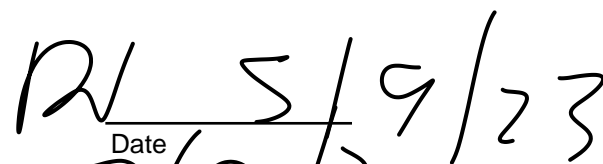
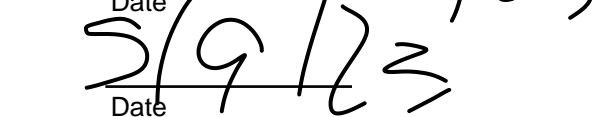
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

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

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date