

# Foster Family Home - Deficiency Report

Provider ID: 2-583254

Home Name: Edna Rice, CNA

Review ID: 2-583254-13

15-1707 26th Avenue,  
Paradise Drive

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 6/15/2023

Foster Family Home

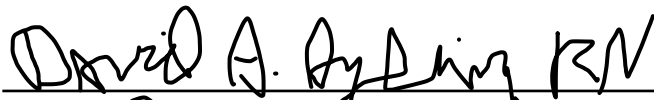
Required Certificate

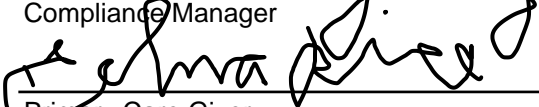
[11-800-6]

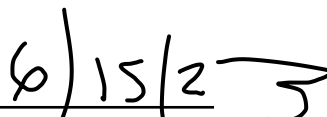
6.(d)(1) Comply with all applicable requirements in this chapter; and

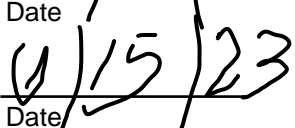
Comment:

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date