

Foster Family Home - Deficiency Report

Provider ID: 2-140053

Home Name: Edna Salom, CNA

Review ID: 2-140053-14

812 West Kawaihāni Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 5/25/2023

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.

David A Ayling RN *5/25/23*

Compliance Manager Date
[Signature] *5/27/23*

Primary Care Giver Date