

Foster Family Home - Deficiency Report

Provider ID: 2-170022

Home Name: Felicisima Miguel, CNA

Review ID: 2-170022-12

81-1018 Meleana Place

Reviewer: David Ayling

Kealakekua HI 96750

Begin Date: 5/2/2023

Foster Family Home

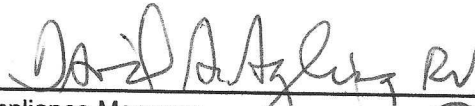
Required Certificate

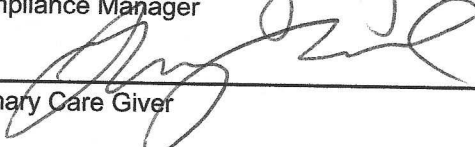
[11-800-6]

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

5/2/2023
Date

5/2/2023
Date