

Foster Family Home - Deficiency Report

Provider ID: 1-230032

Home Name: Guillerma Ibana, CNA

Review ID: 1-230032-1

94-513 Hiahia Loop

Reviewer: David Ayling

Waipahu HI 96797

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.

David A. Ayling
Compliance Manager

Primary Care Giver

5/18/23
Date

5/18/23
Date