

Foster Family Home - Deficiency Report

Provider ID: 2-590374

Home Name: Maritess Tenorio, CNA

Review ID: 2-590374-15

15-1622 31st Avenue

Reviewer: David Ayling

Keaau

HI

96749

Begin Date: 6/14/2023

Foster Family Home

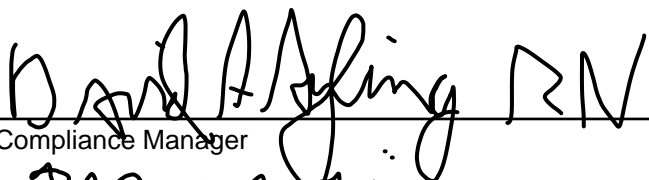
Required Certificate


[11-800-6]

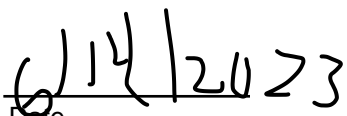
6.(d)(1) Comply with all applicable requirements in this chapter; and

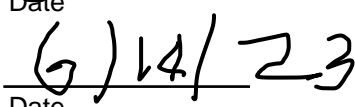
Comment:

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


Compliance Manager


Primary Care Giver


Date


Date