

# Foster Family Home - Deficiency Report

Provider ID: 2-150051

Home Name: Scott Stubbert, RN

Review ID: 2-150051-13

16-1510 Pohaku Circle

Reviewer: David Ayling

Kea'au

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

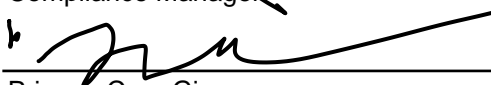
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
Compliance Manager

Date

6/14/2023

  
Primary Care Giver

Date

6/14/2023