

# Foster Family Home - Deficiency Report

Provider ID: 2-560046

Home Name: Helen Sembran, CNA

Review ID: 2-560046-13

95-5568 Kilika Street

Reviewer: David Ayling

Naalehu

HI 96772

Begin Date: 7/10/2023

Foster Family Home


Required Certificate

[11-800-6]

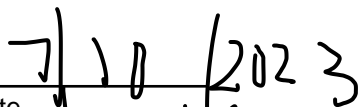

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

  
Compliance Manager

  
Primary Care Giver

  
Date  
  
Date