

Foster Family Home - Deficiency Report

Provider ID: 1-230047

Home Name: Irene Taylan, NA

Review ID: 1-230047-1

94-502 Kahualena Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 6/23/2023

Foster Family Home

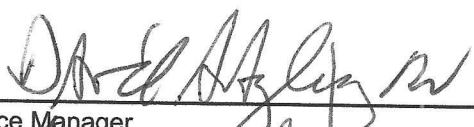
Required Certificate

[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.


Compliance Manager


Primary Care Giver

6/23/2023
Date

6/23/2023
Date