

Foster Family Home - Deficiency Report

Provider ID: 2-591075

Home Name: Liberty Albano, CNA

Review ID: 2-591075-14

16-530 Ohe Street

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 7/12/2023

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

7/12/23
Date


Primary Care Giver

7/12/23
Date