

Foster Family Home - Deficiency Report

Provider ID: 2-110065

Home Name: Marilyn Foster, CNA

Review ID: 2-110065-23

81-2056 Haku-Nui

Reviewer: David Ayling

Captain Cook HI 96704

Begin Date: 7/18/2023

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.

David A. Ayling RN
Compliance Manager
Primary Care Giver

7/18/2023
Date
7/18/2023
Date