

Foster Family Home - Deficiency Report

Provider ID: 2-510760

Home Name: Mercedita Tiangsing, CNA

Review ID: 2-510760-15

15-1385 29 Poni Moi Street

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 7/11/2023

Foster Family Home

Required Certificate

[11-800-6]

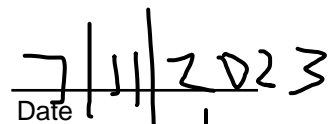
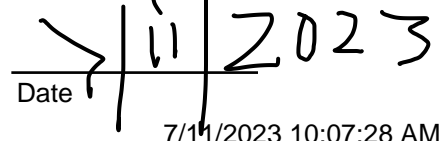
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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


Compliance Manager


Primary Care Giver


Date

Date

7/11/2023 10:07:28 AM