

Foster Family Home - Deficiency Report

Provider ID: 3-565103

Home Name: Nilda Whiting, CNA

Review ID: 3-565103-14

73-1094 Kaiminani Drive

Reviewer: David Ayling

Kailua-Kona HI 96740


Begin Date: 8/1/2023

Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

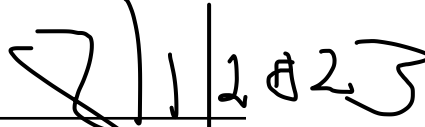
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



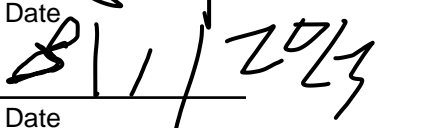
Compliance Manager



Primary Care Giver



Date



Date