

Foster Family Home - Deficiency Report

Provider ID: 2-559198

Home Name: Joel Solmerin, CNA

Review ID: 2-559198-14

1700 Keone Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/24/2023

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

8/24/2023
Date

8/24/23
Date