

# Foster Family Home - Deficiency Report

Provider ID: 2-160051

Home Name: Joenaly Solmerin, CNA

Review ID: 2-160051-12

16-1366 36th Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 8/14/2023

Foster Family Home


Required Certificate


[11-800-6]

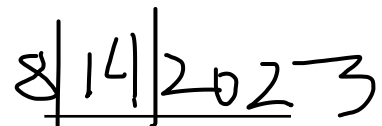
6.(d)(1) Comply with all applicable requirements in this chapter; and

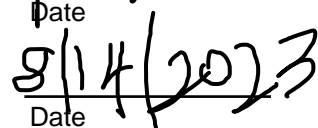
Comment:

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

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date