

Foster Family Home - Deficiency Report

Provider ID: 2-559726

Home Name: Ludivina Eder, CNA

Review ID: 2-559726-14

147 W. Kinai Place

Reviewer: David Ayling

Hilo HI 96720

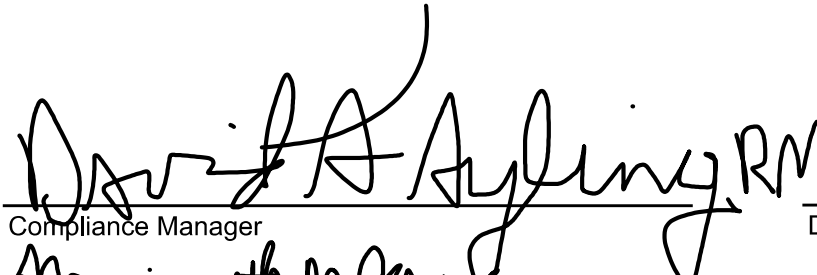
Begin Date: 8/16/2023

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

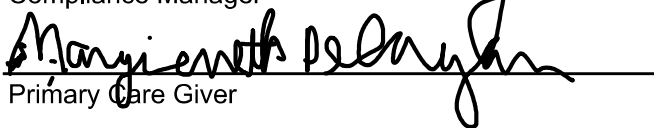
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager Date 8/16/2023



Primary Care Giver Date 8-16-2023