

Foster Family Home - Deficiency Report

Provider ID: 2-230028

Home Name: Maribeth Castilan, CNA

Review ID: 2-230028-2

15-2046 33rd Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 8/14/2023

Foster Family Home

Required Certificate


[11-800-6]

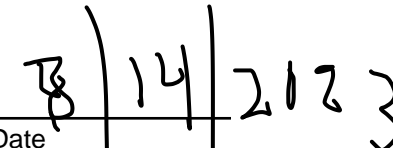
6.(d)(1) Comply with all applicable requirements in this chapter; and

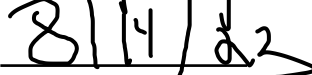
Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date


Date