

Foster Family Home - Deficiency Report

Provider ID: 2-613043

Home Name: Victoria Baker, CNA

Review ID: 2-613043-14

69 Melani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/23/2023

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