

Foster Family Home - Deficiency Report

Provider ID: 2-100009

Home Name: Alejandro Salom, CNA

Review ID: 2-100009-14

15-1360 Poni Moi Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 9/13/2023

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
Date 9/13/2023

Mr. Salom
Primary Care Giver
Date 9/13/2023