

# Foster Family Home - Deficiency Report

Provider ID: 2-636079

Home Name: Deanna Greig, CNA

Review ID: 2-636079-16

15-1587 Naupaka St, 23rd  
Street

Reviewer: David Ayling

Keaau 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.

  
Compliance Manager

9/13/2023  
Date

  
Primary Care Giver

9/13/2023  
Date