

# Foster Family Home - Deficiency Report

Provider ID: 3-180060

Home Name: Eileen P. Pomroy, CNA

Review ID: 3-180060-11

18-1639 Ihope Road

Reviewer: David Ayling

Mt. View HI 96771

Begin Date: 10/2/2023

**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

  
Primary Care Giver

10/2/2023  
Date

10/2/23  
Date