

Foster Family Home - Deficiency Report

Provider ID: 2-120004

Home Name: Estelle Leslie, CNA

Review ID: 2-120004-15

2506 Kilauea Avenue

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 9/12/2023

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 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A. Ayling RN
Compliance Manager

[Signature]
Primary Care Giver

9/12/2023
Date

9/20/2023
Date