

Foster Family Home - Deficiency Report

Provider ID: 2-180000

Home Name: Imelda Atkins, CNA

Review ID: 2-180000-12

20 East Kawaiilani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 10/4/2023

Foster Family Home	Required Certificate	[11-800-6]
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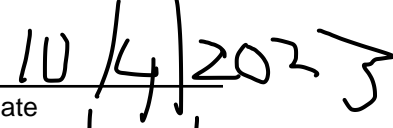
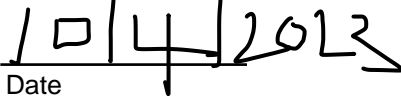
6.(d)(1) Comply with all applicable requirements in this chapter; and

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


Date

Date