

# Foster Family Home - Deficiency Report

Provider ID: 2-230069

Home Name: Precy Oducayen, RN

Review ID: 2-230069-1

285 Kuhilani Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 10/3/2023

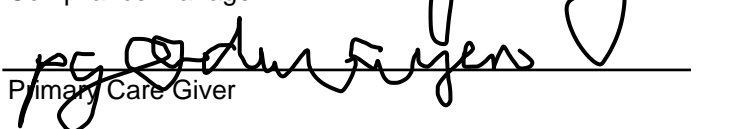
Foster Family Home	Required Certificate	[11-800-6]
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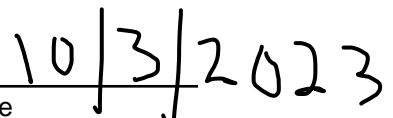
6.(d)(1) Comply with all applicable requirements in this chapter; and

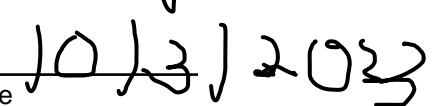
Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date