

Foster Family Home - Deficiency Report

Provider ID: 1-230070

Home Name: Reinette N. Gorospe, CNA

Review ID: 1-230070-1

91-927 Pailani Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/9/2023

Foster Family Home

Required Certificate

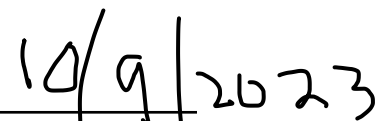
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

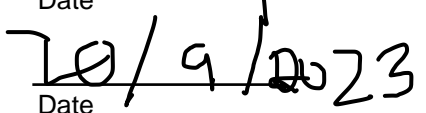
Comment:

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


Compliance Manager


Date 10/9/2023


Primary Care Giver


Date 10/9/2023