

# Foster Family Home - Deficiency Report

Provider ID: 2-560062

Home Name: Rufelia Tomas, LPN

Review ID: 2-560062-13

45-496 Analio Place

Reviewer: David Ayling

Honokaa HI 96727

Begin Date: 9/11/2023

Foster Family Home

Required Certificate

[11-800-6]

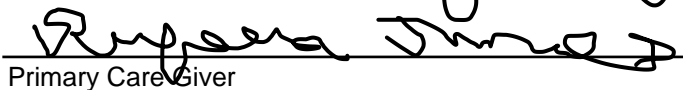
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
Compliance Manager

Date

  
Primary Care Giver

Date