

Foster Family Home - Deficiency Report

Provider ID: 2-597859

Home Name: Therese Vigilla, LPN

Review ID: 2-597859-17

3454 Likini Street

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 10/10/2023

Foster Family Home

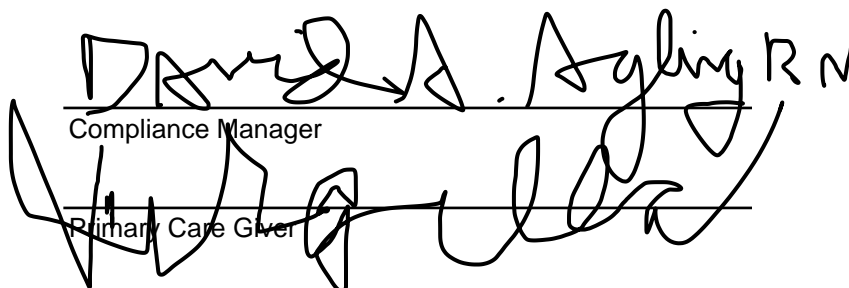
Required Certificate

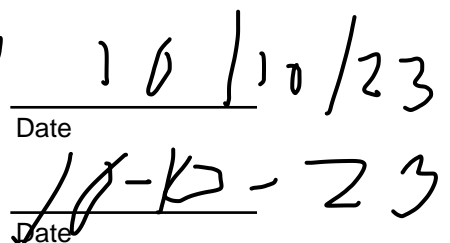
[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager


Date 10/10/23
10-10-23
Date