

Foster Family Home - Deficiency Report

Provider ID: 2-591835

Home Name: Aileen Navalta, CNA

Review ID: 2-591835-18

18-7861 Henele Road

Reviewer: David Ayling

Mt. View HI 96771


Begin Date: 11/2/2023

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



Primary Care Giver

11/2/2023
Date

11/2/23
Date