

# Foster Family Home - Deficiency Report

Provider ID: 2-160009

Home Name: Florabel Dalmacio, CNA

Review ID: 2-160009-12

15-1987 32nd Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 11/2/2023

Foster Family Home

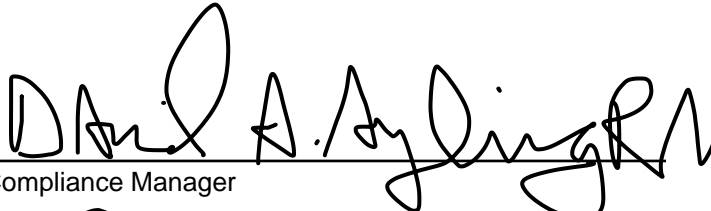
Required Certificate

[11-800-6]

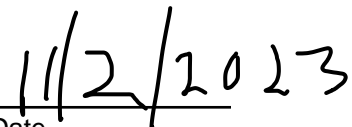
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date