

Foster Family Home - Deficiency Report

Provider ID: 1-230075

Home Name: Fraidah Ablao, CNA

Review ID: 1-230075-1

211 Kolekole Drive

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 11/6/2023

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.

David Ayling RV
Compliance Manager

Fraidah Ablao
Primary Care Giver

11/6/2023
Date

11/6/2023
Date