

# Foster Family Home - Deficiency Report

Provider ID: 1-230087

Home Name: Kasty Lei Marie Impat, NA

Review ID: 1-230087-1

94-242 Hanawai Circle

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/29/2023

Foster Family Home

Required Certificate

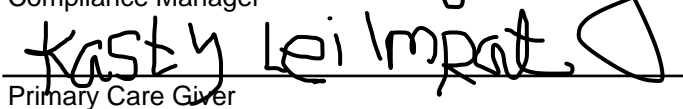
[11-800-6]

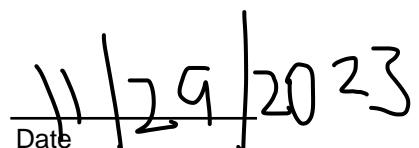
6.(d)(1) Comply with all applicable requirements in this chapter; and

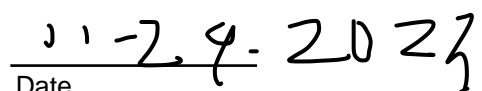
Comment:

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.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date