

# Foster Family Home - Deficiency Report

Provider ID: 1-090062

Home Name: Editha Soria, CNA

Review ID: 1-090062-10

94-492 Hiwahiwa Way

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/9/2024

Foster Family Home

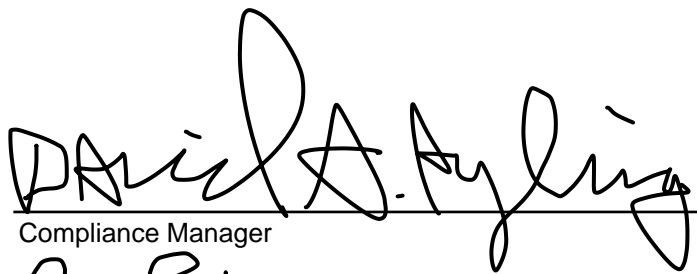
Required Certificate

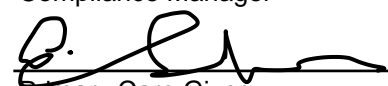
[11-800-6]

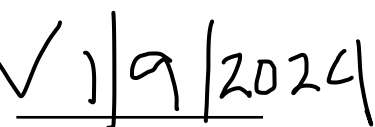
6.(d)(1) Comply with all applicable requirements in this chapter; and

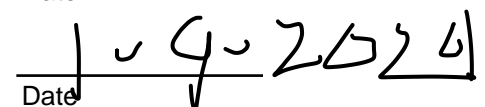
Comment:

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