

Foster Family Home - Deficiency Report

Provider ID: 2-573651

Home Name: Sherill Andres, CNA

Review ID: 2-573651-14

15-1571 22nd Ave, Nanalli Drive

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 1/3/2024

Foster Family Home


Required Certificate

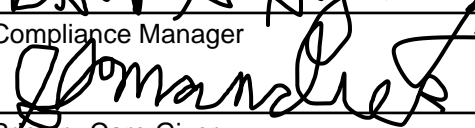
[11-800-6]

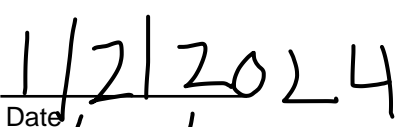
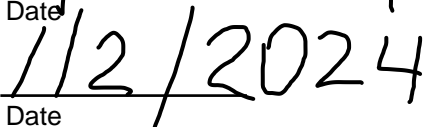
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date

Date