

Foster Family Home - Deficiency Report

Provider ID: 1-220096

Home Name: Ligaya Reyes, CNA

Review ID: 1-220096-1

98-1489 Hoomahie Loop

Reviewer: David Ayling

Pearl City HI 96782

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.

David A. Ayling RN

Compliance Manager

Date

1/9/2024

Ligaya Reyes

Primary Care Giver

Date

1/9/2024