Foster Family Home - Deficiency Report

Provider ID: 1-230092

Home Name:Mailyn Catchin, NAReview ID:1-230092-294-547 Ana Aina PlaceReviewer:David AylingWaipahuHI96797Begin Date:1/19/2024

Foster Family H	ome Red	quired 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

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