

Foster Family Home - Deficiency Report

Provider ID: 2-160026

Home Name: Dy Elma Akiyama, CNA

Review ID: 2-160026-14

124 Alaloa Road

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 2/6/2024

Foster Family Home


Required Certificate

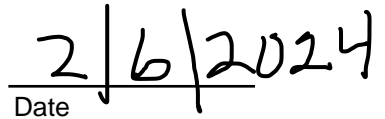
[11-800-6]

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

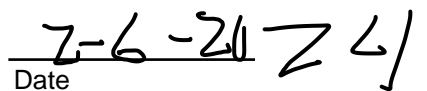
Comment:

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


Compliance Manager


Date


Primary Care Giver


Date