

Foster Family Home - Deficiency Report

Provider ID: 2-220040

Home Name: Patrick Herndon, CNA

Review ID: 2-220040-5

16-2122 Coconut Drive

Reviewer: David Ayling

Pahoa HI 96778

Begin Date: 2/5/2024

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. PCG requests to increase to a 3-client ccffh.

David A. Ayling RN
Compliance Manager

Amelita
Primary Care Giver

2/5/2024
Date

2/5/2024
Date