

Foster Family Home - Deficiency Report

Provider ID: 2-512328

Home Name: Arsenio Lopez, CNA

Review ID: 2-512328-14

920 Puku Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 4/18/2024

Foster Family Home **Required Certificate** **[11-800-6]**

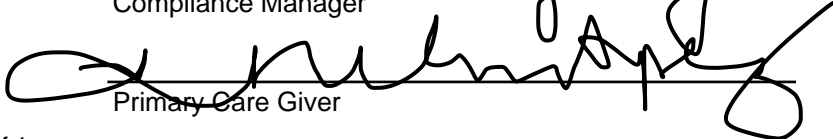
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

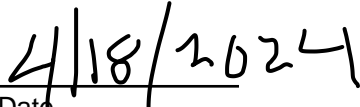
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



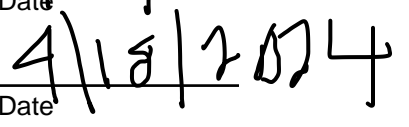
Compliance Manager



Primary Care Giver



Date



Date