

Foster Family Home - Deficiency Report

Provider ID: 2-578817

Home Name: Lily Jacinto, CNA

Review ID: 2-578817-14

73-1158 Ala Kapua Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 4/2/2024

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager

Primary Care Giver

2/2/2024

Date
4/2/2024

Date