

# Foster Family Home - Deficiency Report

Provider ID: 2-160049

Home Name: Wendy Anches, RN

Review ID: 2-160049-15

1263 Puhau Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 2/8/2024

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.

David A. Ayling RN  
Compliance Manager

2/8/2024  
Date

Wendy Anches  
Primary Care Giver

2/8/24  
Date