

# Foster Family Home - Deficiency Report

Provider ID: 2-170022

Home Name: Felicisima Miguel, CNA

Review ID: 2-170022-14

81-1018 Meleana Place

Reviewer: David Ayling

Kealakekua HI 96750

Begin Date: 5/7/2024

Foster Family Home

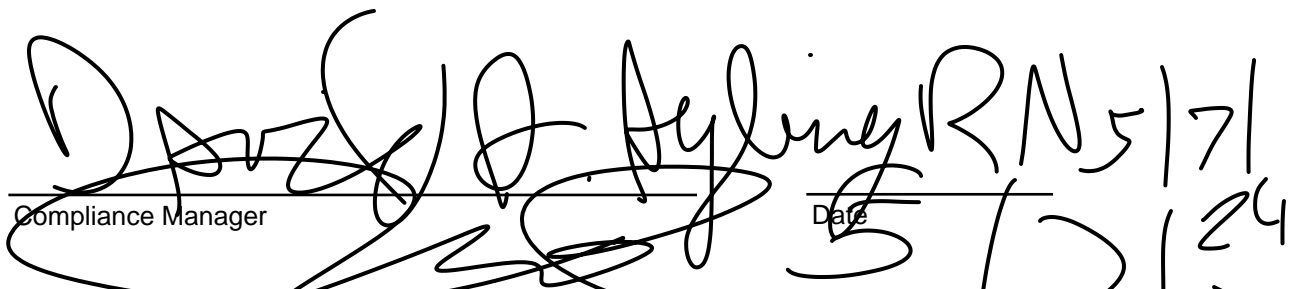
Required Certificate

[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 \_\_\_\_\_ Date 5/7/24  
Primary Care Giver \_\_\_\_\_ Date 5/7/24