

# Foster Family Home - Deficiency Report

Provider ID: 2-200035

Home Name: Elisha Joy Tenorio, CNA

Review ID: 2-200035-9

17-147 Ipuaiwaha Street

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 8/8/2024

Foster Family Home

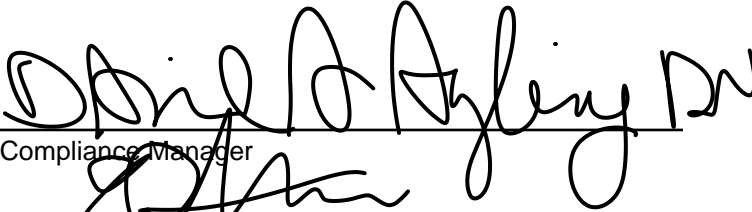
Required Certificate


[11-800-6]

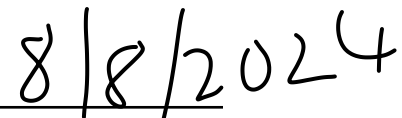
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date