

Foster Family Home - Deficiency Report

Provider ID: 2-560046

Home Name: Helen Sembran, CNA

Review ID: 2-560046-15

95-5568 Kilika Street

Reviewer: David Ayling

Naalehu

HI 96772

Begin Date: 7/15/2024

Foster Family Home


Required Certificate

[11-800-6]


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

Comment:

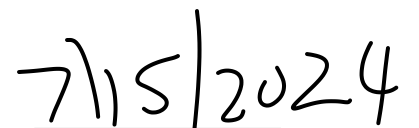
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



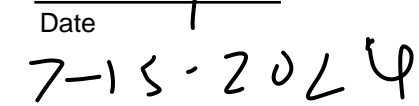
Compliance Manager



Primary Care Giver



Date



Date