

# Foster Family Home - Deficiency Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-16

15-1535 18th Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 7/17/2024

Foster Family Home


Required Certificate


[11-800-6]

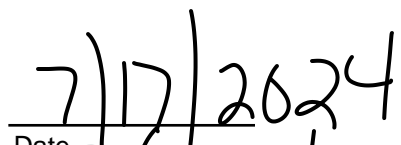
6.(d)(1) Comply with all applicable requirements in this chapter; and

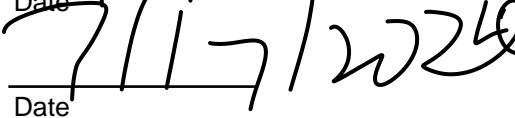
Comment:

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