

Foster Family Home - Deficiency Report

Provider ID: 2-559198

Home Name: Joel Solmerin, CNA

Review ID: 2-559198-16

1700 Keone Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 8/6/2024

Foster Family Home **Required Certificate** **[11-800-6]**

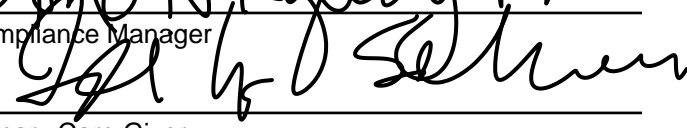
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

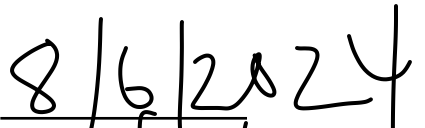
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



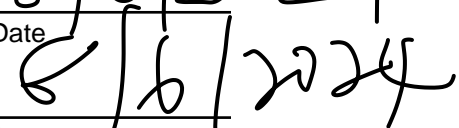
Compliance Manager



Primary Care Giver



Date



Date