

Foster Family Home - Deficiency Report

Provider ID: 2-160051

Home Name: Joenalyn Solmerin, CNA

Review ID: 2-160051-14

16-1366 36th Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 8/5/2024

Foster Family Home


Required Certificate

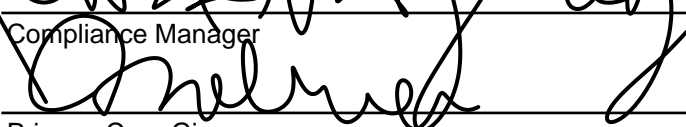
[11-800-6]

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 8/5/2024


Primary Care Giver
Date 8/5/24