

Foster Family Home - Deficiency Report

Provider ID: 2-509771

Home Name: Marilyn Aurelio, CNA

Review ID: 2-509771-19

523 West Kawaihāni Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 7/16/2024

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

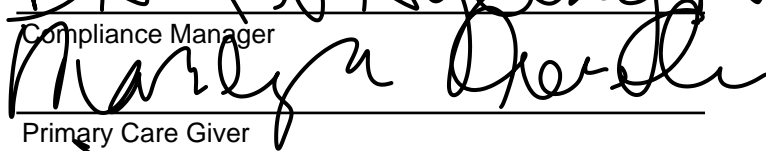
6.(d)(1) Comply with all applicable requirements in this chapter; and

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 7/16/2024



Primary Care Giver Date 7-16-2024