

Foster Family Home - Deficiency Report

Provider ID: 2-590374

Home Name: Maritess Tenorio, CNA

Review ID: 2-590374-17

15-1622 31st Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 6/17/2024

Foster Family Home

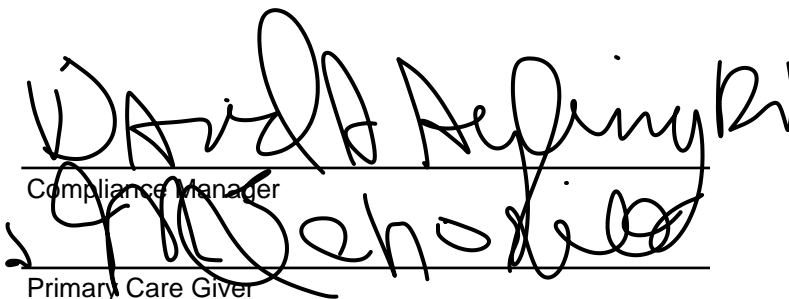
Required Certificate

[11-800-6]

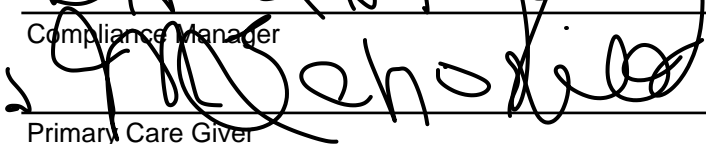
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

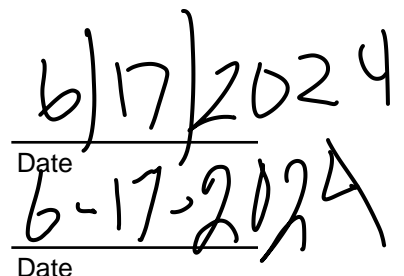
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



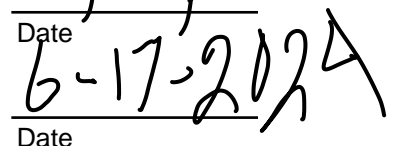
Compliance Manager



Primary Care Giver



Date



Date