

Foster Family Home - Deficiency Report

Provider ID: 2-559792

Home Name: Marjorie Foronda, CNA

Review ID: 2-559792-15

17-186 Ipuaiwaha Street

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 6/17/2024

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

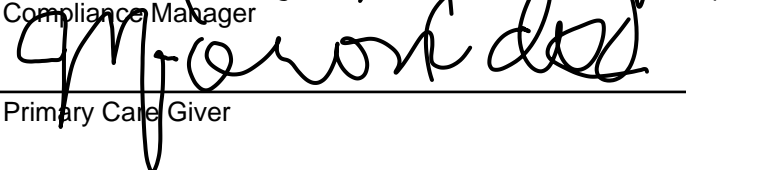
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

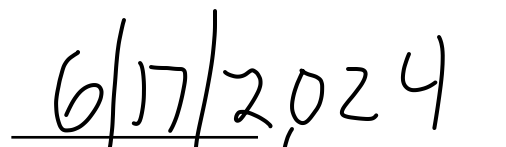
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. PCG currently has no clients. Home will receive a 3-bed certification.



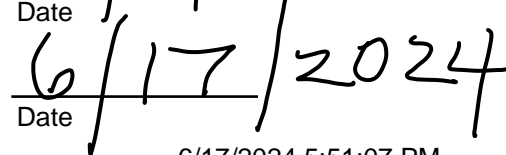
Compliance Manager



Primary Care Giver



Date



Date