

Foster Family Home - Deficiency Report

Provider ID: 2-613043

Home Name: Victoria Baker, CNA

Review ID: 2-613043-16

69 Melani Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 7/18/2024

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

7/18/2024

Date

7-18-2024

Date