

Foster Family Home - Deficiency Report

Provider ID: 1-240072

Home Name: Angelica Behing, RN

Review ID: 1-240072-1

94-302 Kahualena Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/10/2024

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

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

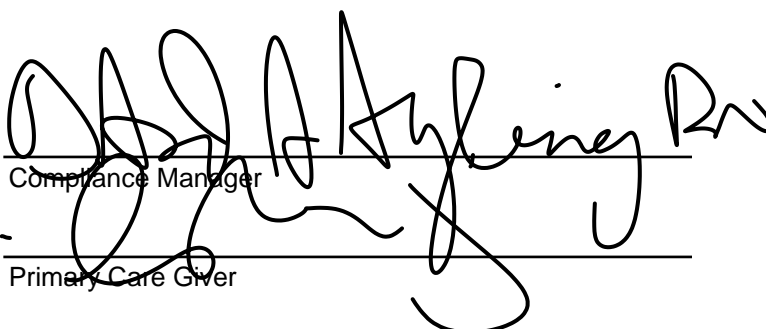
Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Foster Family Home Client Care and Services [11-800-43]

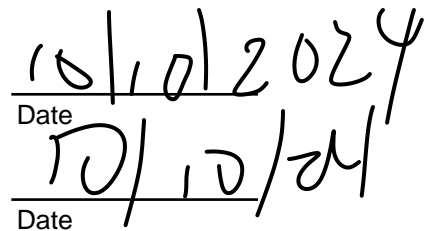
43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

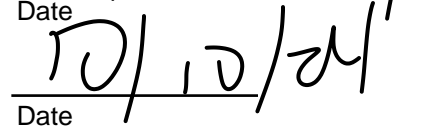
Comment:



Compliance Manager

Primary Care Giver



Date


Date