

Foster Family Home - Deficiency Report

Provider ID: 2-140001

Home Name: Arcelie Weaver, CNA

Review ID: 2-140001-20

1393 Komohana Street

Reviewer: David Ayling

Hilo HI 96720

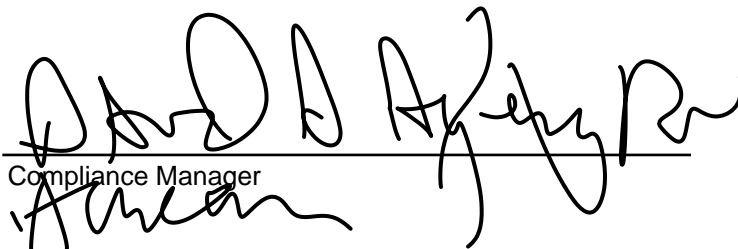
Begin Date: 10/3/2024

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


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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager



Primary Care Giver

10/3/2024
Date

10-3-2024
Date