

Foster Family Home - Deficiency Report

Provider ID: 1-240066

Home Name: Arlan Repuya, NA

Review ID: 1-240066-1

94-349 Ikepono Place

Reviewer: David Ayling

Waipahu HI 96797

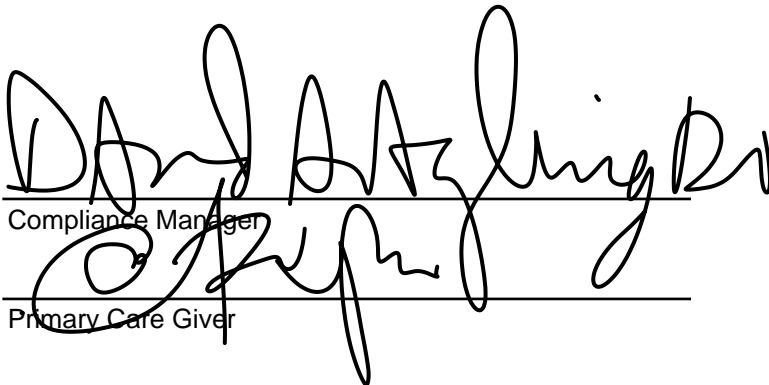
Begin Date: 9/16/2024

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.



Compliance Manager



Primary Care Giver

9/16/2024

Date

9/16/2024

Date