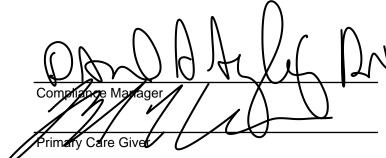
		Foster Fam	ily Home	- Deficiency Report
Provider ID:	2-631285			
Home Name:	Berlinda Villa,	CNA	Review ID:	2-631285-16
16-518 Ohe Street			Reviewer:	David Ayling
Keaau	н	96749	Begin Date:	9/13/2024
Foster Family	Home Re	equired Certificat	9	[11-800-6]

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.



ate Date