

# Foster Family 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

HI 96749

Begin Date: 9/13/2024

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

9/12/2024  
Date

9/12/2024  
Date