

Foster Family Home - Deficiency Report

Provider ID: 2-636079

Home Name: Deanna Greig, CNA

Review ID: 2-636079-18

15-1587 Naupaka St, 23rd Street

Reviewer: David Ayling

Keaau HI 96749

Begin Date: 9/10/2024

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager
Date 9/10/2024


Primary Care Giver
Date 9/10/2024