

Foster Family Home - Deficiency Report

Provider ID: 2-120004

Home Name: Estelle Leslie, CNA

Review ID: 2-120004-17

2506 Kilauea Avenue

Reviewer: David Ayling

Hilo HI 96720

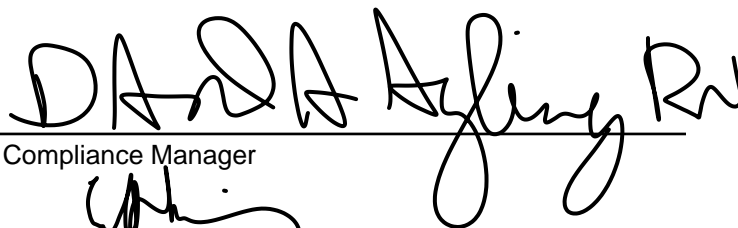
Begin Date: 9/12/2024

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. PCG requests to increase to a 3 client CCFFH. Completed annual review. No deficiencies.



Compliance Manager



Primary Care Giver

9/12/2024

Date

9/12/2024

Date