

Foster Family Home - Deficiency Report

Provider ID: 2-180000

Home Name: Imelda Atkins, CNA

Review ID: 2-180000-14

20 East Kawaihoni Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 10/2/2024

Foster Family Home


Required Certificate


[11-800-6]

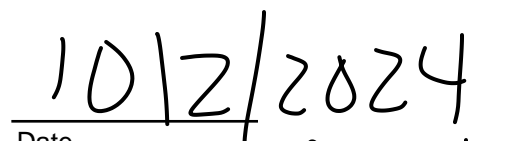
6.(d)(1) Comply with all applicable requirements in this chapter; and

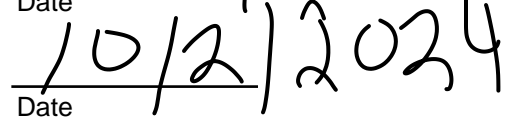
Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date


Date