

Foster Family Home - Deficiency Report

Provider ID: 1-586240

Home Name: Luzviminda Alcon, CNA

Review ID: 1-586240-11

94-409 Kipou Street

Reviewer: David Ayling

Waipahu HI 96797

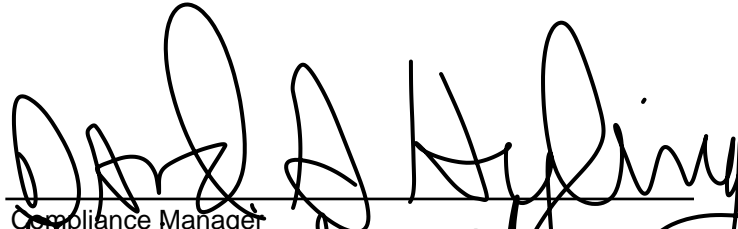
Begin Date: 10/25/2024


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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager Date 10/25/2024


Primary Care Giver Date 10/25/2024