

Foster Family Home - Deficiency Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-17

58 West Naauao Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/7/2024

Foster Family Home

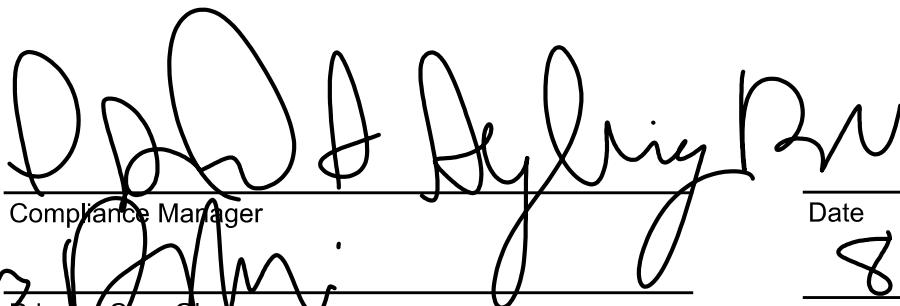
Required Certificate


[11-800-6]

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

Comment:

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


Compliance Manager
Date 8/7/24


Primary Care Giver
Date 8-7-2024