

Foster Family Home - Deficiency Report

Provider ID: 1-240061

Home Name: Michelle Joy Buenavista, CNA

Review ID: 1-240061-1

94-220 Waipahu Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/23/2024

Foster Family Home

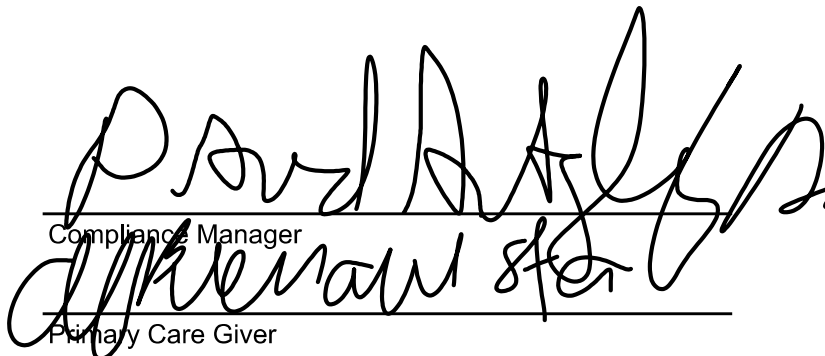
Required Certificate

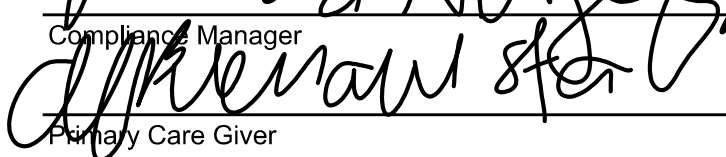
[11-800-6]

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


Primary Care Giver

Date 8/23/24

Date 8/23/24