

# Foster Family Home - Deficiency Report

Provider ID: 2-150051

Home Name: Scott Stubbert, RN

Review ID: 2-150051-15

16-1510 Pohaku Circle

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 6/19/2024


**Foster Family Home**      **Required Certificate**      **[11-800-6]**

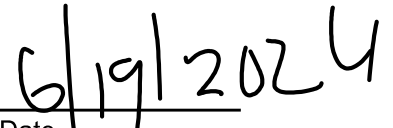
6.(d)(1)      Comply with all applicable requirements in this chapter; and


Comment:

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date