

Foster Family Home - Deficiency Report

Provider ID: 2-591835

Home Name: Aileen Navalta, CNA

Review ID: 2-591835-20

18-7861 Henele Road

Reviewer: David Ayling

Mt. View HI 96771

Begin Date: 11/5/2024

Foster Family Home

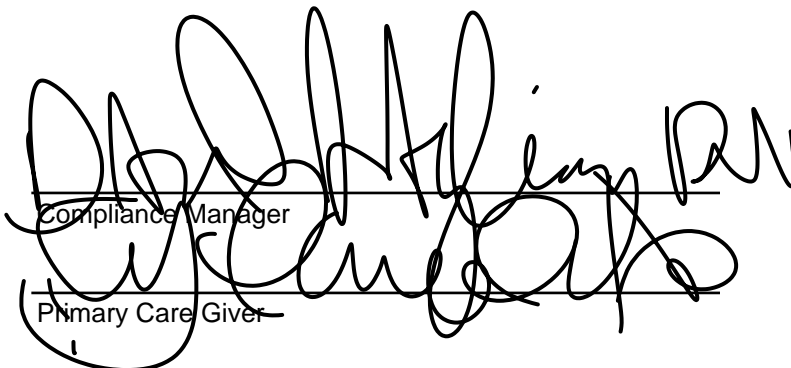
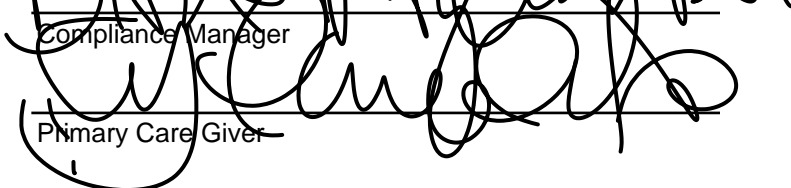
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager

Primary Care Giver

11/5/2024
Date
11/5/24
Date
11/5/2024 3:55:17 PM