

Foster Family Home - Deficiency Report

Provider ID: 1-240094

Home Name: Ariane Kay Ortiz, CNA

Review ID: 1-240094-1

94-341 B Kahuahele Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/3/2024

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

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

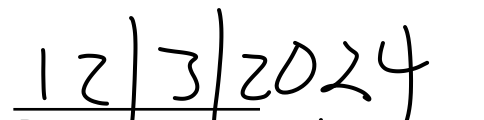
Comment:


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


Date