

Foster Family Home - Deficiency Report

Provider ID: 1-240089

Home Name: Dareen Pillos, CNA

Review ID: 1-240089-1

94-355 Oililua Place

Reviewer: David Ayling

Waipahu HI 96797

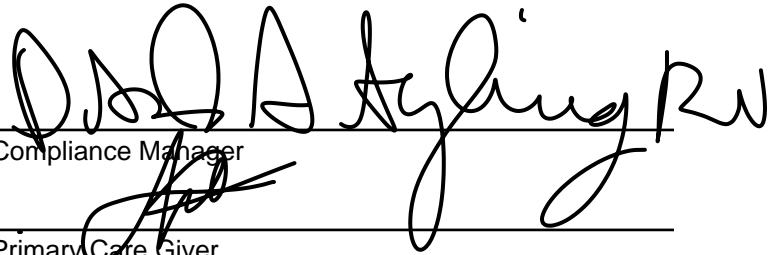
Begin Date: 11/26/2024

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 Date 11/26/2024



Primary Care Giver Date 11/26/2024