

Foster Family Home - Deficiency Report

Provider ID: 1-240045

Home Name: Del Isleta, CNA

Review ID: 1-240045-1

94-411 Oililua Place

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 6/26/2024


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

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


Comment:

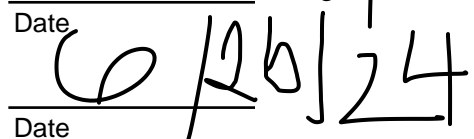
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date