

# Foster Family Home - Deficiency Report

Provider ID: 2-230016

Home Name: Donna Faye Abella, CNA

Review ID: 2-230016-5

15-1741 31st Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 11/6/2024

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. PCG requests to increase to a 3 client cfffh.

David A Ayling RN 11/6/2024  
Compliance Manager Date  
[Signature] 11/6/24  
Primary Care Giver Date