

Foster Family Home - Deficiency Report

Provider ID: 1-230089

Home Name: Donna Mae Hipolito, NA

Review ID: 1-230089-1

91-935 Ikulani Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 12/1/2023

Foster Family Home

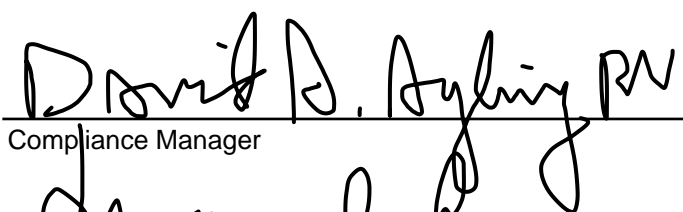
Required Certificate

[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.



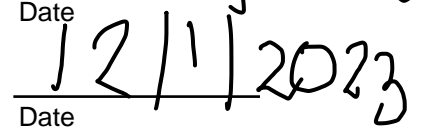
Compliance Manager



Primary Care Giver



Date



Date