

# Foster Family Home - Deficiency Report

Provider ID: 2-240082

Home Name: Elvi Viernes, CNA

Review ID: 2-240082-1

17-147 Ipuaiwaha Street

Reviewer: David Ayling

Keaau HI 96749

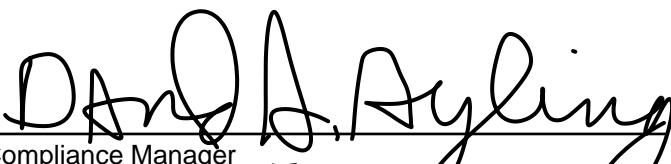
Begin Date: 11/13/2024

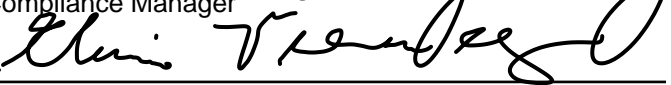
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

 11/13/2024  
\_\_\_\_\_  
Date

11/13/2024  
\_\_\_\_\_  
Date