

Foster Family Home - Deficiency Report

Provider ID: 2-240022

Home Name: Jane Carecio, CNA

Review ID: 2-240022-3

480 Hoopuni Street

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 11/12/2024

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

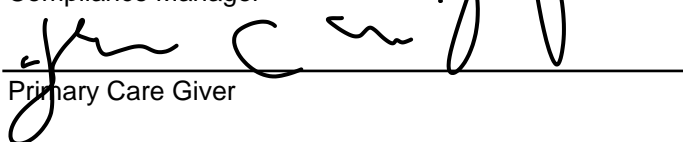
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

11/12/2024

Date

11/12/2024

Date