

Foster Family Home - Deficiency Report

Provider ID: 1-200018


Home Name: Kyle Therese Villanueva, CNA Review ID: 1-200018-2
1768A Palolo Avenue Reviewer: David Ayling
Honolulu HI 96816 Begin Date: 12/21/2023


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

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

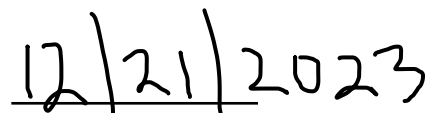
Comment:

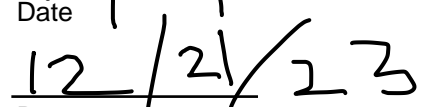
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date