

Foster Family Home - Deficiency Report

Provider ID: 1-240056

Home Name: Ma Analiza Abad, NA

Review ID: 1-240056-1

1351 Hoowali Street

Reviewer: David Ayling

Pearl City HI 96782


Begin Date: 8/14/2024


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

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

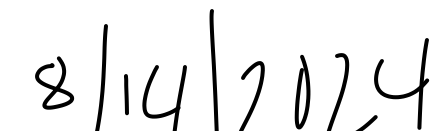
Comment:


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



Date


Date