

Foster Family Home - Deficiency Report

Provider ID: 1-240011

Home Name: Phoebe Villarta, CNA

Review ID: 1-240011-1

92-564 Akaula Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 2/20/2024

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.

David A. Ayling, RN
Compliance Manager

Phoebe Villarta
Primary Care Giver

2/20/2024
Date

2/20/2024
Date