

Foster Family Home - Deficiency Report

Provider ID: 1-150004

Home Name: Rosalie de Aquino, LPN

Review ID: 1-150004-6

87-150 Lualei Place

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 6/7/2024

Foster Family Home

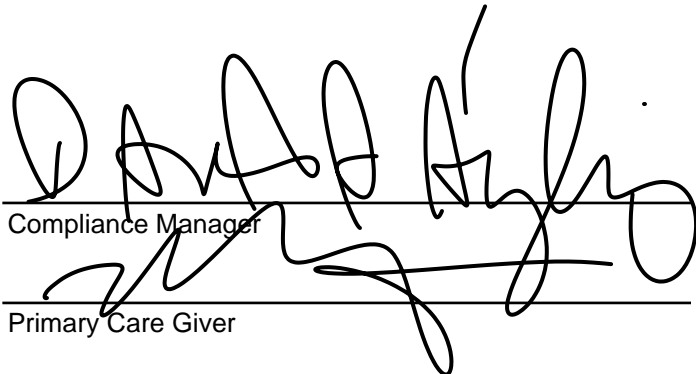
Required Certificate

[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

6/7/24

Date

6/7/24