

Foster Family Home - Deficiency Report

Provider ID: 1-240019

Home Name: Tiffany Leota, NA

Review ID: 1-240019-1

91-870 Haehae Place

Reviewer: David Ayling

Ewa Beach HI 96706

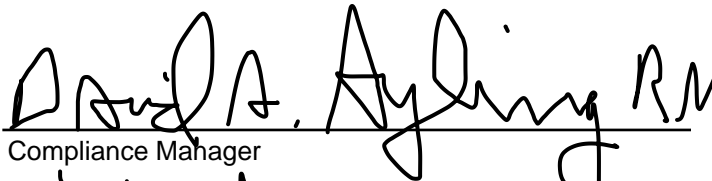
Begin Date: 3/7/2024

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

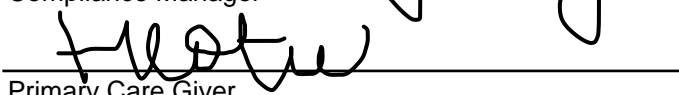
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

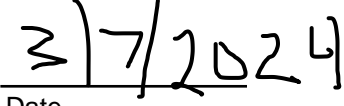
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



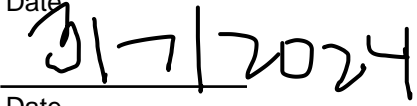
Compliance Manager



Primary Care Giver



Date



Date