

Foster Family Home - Deficiency Report

Provider ID: 2-510679

Home Name: Helen Sapla, CNA

Review ID: 2-510679-17

88 Pakalana Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 9/23/2025

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

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

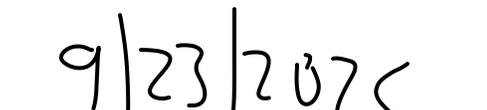
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager


Primary Care Giver



Date


Date