

# Foster Family Home - Deficiency Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-19

58 West Naauao Street

Reviewer: David Ayling

Hilo HI 96720

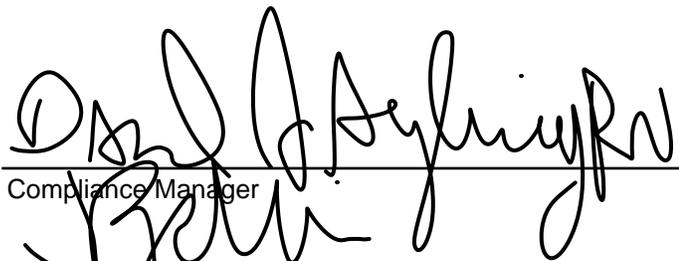
Begin Date: 9/23/2025

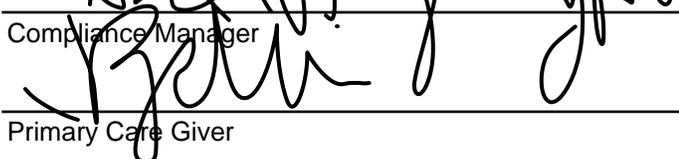
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

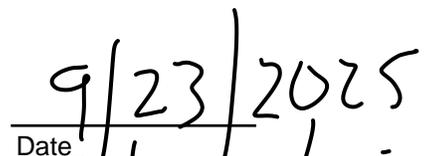
6.(d)(1)      Comply with all applicable requirements in this chapter; and

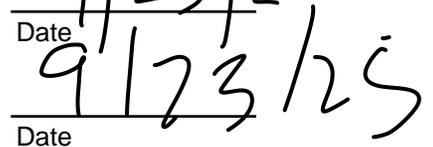
Comment:

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