

Foster Family Home - Deficiency Report

Provider ID: 5-190064

Home Name: Shla C. Perpose, CNA

Review ID: 5-190064-15

3593 Uwao Street

Reviewer: David Ayling

Hanapepe HI 96716

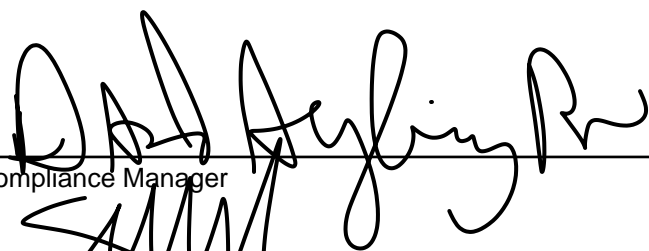
Begin Date: 4/16/2026

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

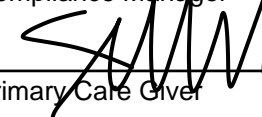
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

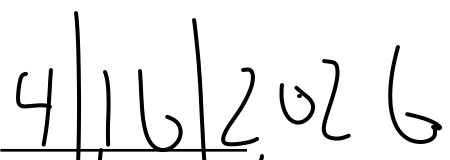
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



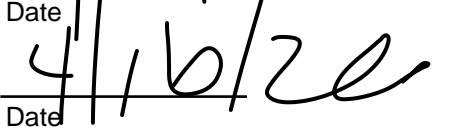
Compliance Manager



Primary Care Giver



Date



Date