

# Foster Family Home - Deficiency Report

Provider ID: 2-560046

Home Name: Helen Sembran, CNA

Review ID: 2-560046-9

95-5568 Kilika Street

Reviewer: Terri Van Houten

Naalehu HI 96772

Begin Date: 8/5/2021

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

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

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



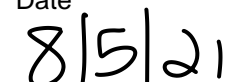
Compliance Manager



Primary Care Giver



Date



Date