

Foster Family Home - Deficiency Report

Provider ID: 4-210059

Home Name: Maribel Asuncion, CNA

Review ID: 4-210059-1

478 South Kamehameha
Avenue

Reviewer: Terri Van Houten

Kahului HI 967332

Begin Date: 8/18/2021

Foster Family Home

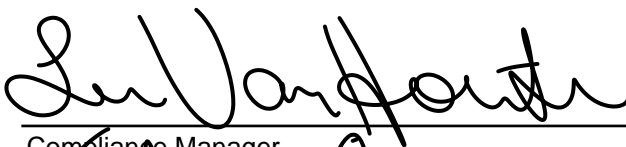
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) – Home inspection made for a new 2 bed CCFFH certification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date