

Foster Family Home - Deficiency Report

Provider ID: 2-595845

Home Name: Anita Ventura, CNA

Review ID: 2-595845-10

15-1522 28th Avenue

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 10/5/2021

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 home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

10/5/21
Date



Primary Care Giver

10/5/21
Date