

Foster Family Home - Deficiency Report

Provider ID: 4-150020

Home Name: Judith De Los Trino, CNA

Review ID: 4-150020-11

760 Olena Street

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 12/8/2021

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

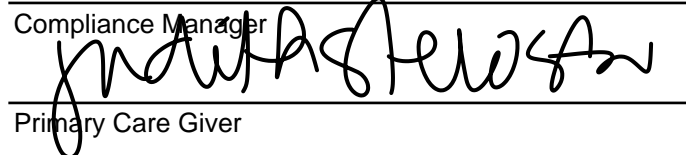
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



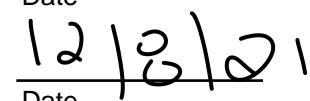
Compliance Manager



Primary Care Giver



Date



Date