

Foster Family Home - Deficiency Report

Provider ID: 4-180014

Home Name: Evelyn Queja, CNA

Review ID: 4-180014-8

61 Kaiemi Street

Reviewer: Terri Van Houten

Kahului HI 96732

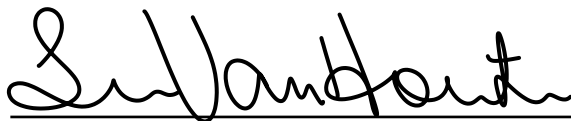
Begin Date: ~~2/15/2022~~ 2/14/2022 (TV)

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 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

2/14/22

Date

2/14/22

Date