

Foster Family Home - Deficiency Report

Provider ID: 4-210059

Home Name: Maribel Asuncion, CNA

Review ID: 4-210059-3

478 South Kamehameha
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/17/2022

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.

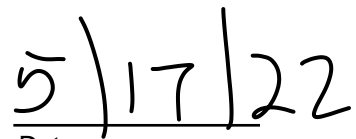
CCFFH requested to increase to 3 beds. CCFFH did not meet criteria to increase to 3 beds at the time of the inspection. (CCFFH has not had a client admitted for 11 months).



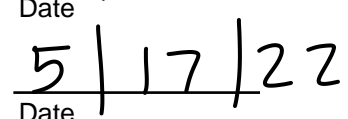
Compliance Manager



Primary Care Giver



Date



Date