

Foster Family Home - Deficiency Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

Review ID: 4-160064-11

547 Kaulana Street

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 6/21/2022

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

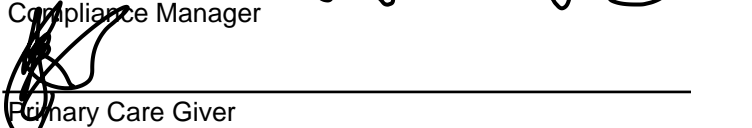
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

6/21/2022

Date

6/21/2022

Date