

# Foster Family Home - Deficiency Report

Provider ID: 2-613811

Home Name: Rachel Castro, CNA

Review ID: 2-613811-10

882 Kupulau Road

Reviewer: David Ayling

Hilo HI 96720

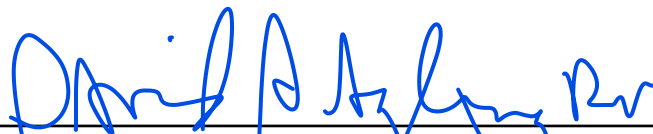
Begin Date: 4/29/2022

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

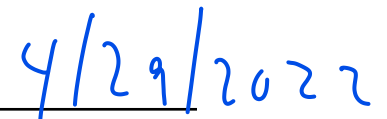
6.(d)(1)      Comply with all applicable requirements in this chapter; and


Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date