

# Foster Family Home - Deficiency Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-12

386 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/11/2022

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

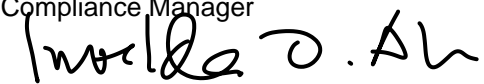
6.(d)(1)      Comply with all applicable requirements in this chapter; and

-----  
Comment:

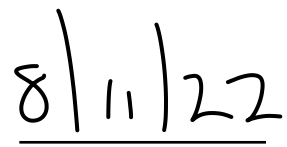
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



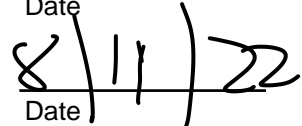
Compliance Manager



Primary Care Giver



Date



Date