

Foster Family Home - Deficiency Report

Provider ID: 4-511057

Home Name: Imelda Cordero, CNA

Review ID: 4-511057-13

74 Kuuhoa Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/9/2022

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

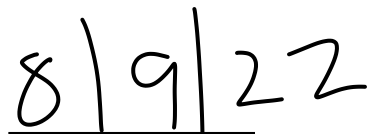
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

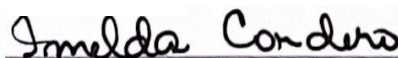
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



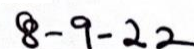
Compliance Manager



Date



Primary Care Giver



Date