

Foster Family Home - Deficiency Report

Provider ID: 2-595845

Home Name: Anita Ventura, CNA

Review ID: 2-595845-12

15-1522 28th Avenue

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 9/15/2022

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

9/15/2022
Date



Primary Care Giver

9/15/2022
Date