

Foster Family Home - Deficiency Report

Provider ID: 5-190079

Home Name: Lielany Defontorum, CNA

Review ID: 5-190079-7

4369 Anai Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 9/12/2022

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine *9/12/22*

Compliance Manager

Date

Lielany Defontorum

Primary Care Giver

9/12/22

Date