

Foster Family Home - Deficiency Report

Provider ID: 4-110017

Home Name: Estrelita Gaoiran, CNA

Review ID: 4-110017-14

440 Kea Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 12/7/2022

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 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

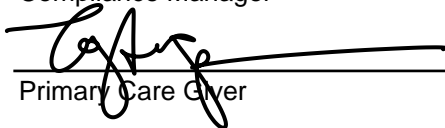
No clients in the CCFFH at the time of inspection.



12/7/22

Compliance Manager

Date



12/7/22

Primary Care Giver

Date