

Foster Family Home - Deficiency Report

Provider ID: 4-180014

Home Name: Evelyn Queja, CNA

Review ID: 4-180014-10

61 Kaiemi Street

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 1/10/2023

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


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

Comment:

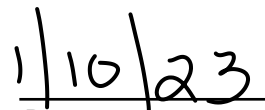
6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



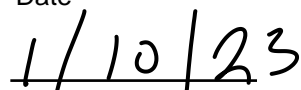
Compliance Manager



Primary Care Giver



Date



Date