

Foster Family Home - Deficiency Report

Provider ID: 4-210059

Home Name: Maribel Asuncion, CNA

Review ID: 4-210059-5

478 South Kamehameha
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/24/2023

Foster Family Home

Required Certificate

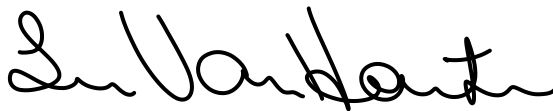
[11-800-6]

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

Comment:

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

Application to increase to 3 beds, CCFFH met requirements at time of inspection. Approved to increase to 3 bed CCFFH.



Compliance Manager



Primary Care Giver

4/24/23

Date

4/24/23

Date