

Foster Family Home - Deficiency Report

Provider ID: 5-180051

Home Name: Eileen B. Quetula, CNA

Review ID: 5-180051-10

2976 Hoolako Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 5/12/2023

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 visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

E. Quetula

Primary Care Giver

5/12/23

Date

5/12/23

Date