

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 RW 9/12/22

Compliance Manager

Date

Lielany Defontorum

Primary Care Giver

Date

9/12/2022 2:47:44 PM