

Foster Family Home - Deficiency Report

Provider ID: 4-000003

Home Name: Marites Quedding, CNA

Review ID: 4-000003-12

286 South Puunene Avenue

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 6/7/2023

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

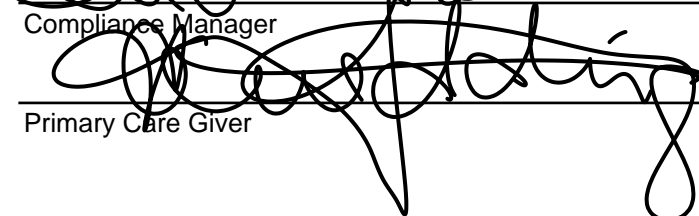
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

6/7/23

Date

6/7/23

Date

6/7/2023 11:59:15 AM