

Foster Family Home - Deficiency Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

Review ID: 4-140066-13

161 West Papa Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/24/2023

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

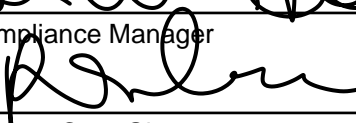
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

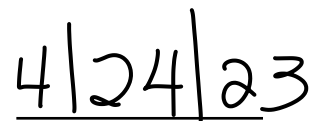
6.(d)(1) – Unannounced annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



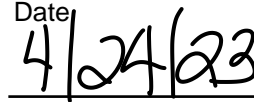
Compliance Manager



Primary Care Giver



Date



Date