

# Foster Family Home - Deficiency Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-14

386 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

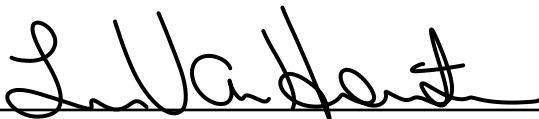
Begin Date: 7/11/2023

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

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

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Comment:

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

7/11/23  
\_\_\_\_\_  
Date

7/11/23  
\_\_\_\_\_  
Date