

# Foster Family Home - Deficiency Report

Provider ID: 5-190079

Home Name: Lielany Defontorum, CNA

Review ID: 5-190079-9

4369 Anai Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/6/2023

**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 visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RW  
Compliance Manager  
L Defontorum  
Primary Care Giver

7/6/23  
Date  
7/6/23  
Date