

# Foster Family Home - Deficiency Report

Provider ID: 2-595845

Home Name: Anita Ventura, CNA

Review ID: 2-595845-14

15-1522 28th Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 8/14/2023

Foster Family Home

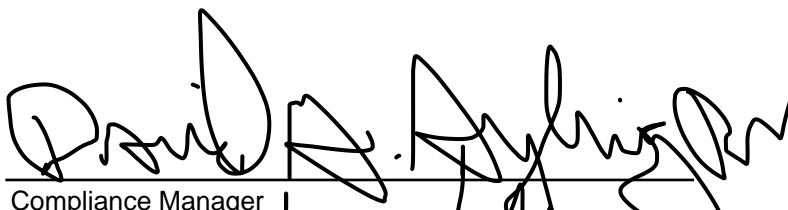
Required Certificate


[11-800-6]


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


Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date