

Foster Family Home - Deficiency Report

Provider ID: 4-511057

Home Name: Imelda Cordero, CNA

Review ID: 4-511057-15

74 Kuuhoa Place

Reviewer: Terri Van Houten

Kahului HI 96732

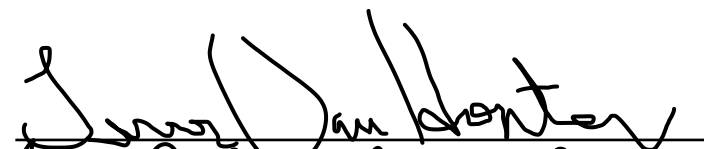
Begin Date: 7/25/2023


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

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


Comment:

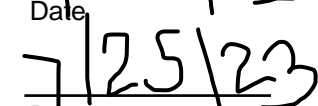
6.(d)(1) – Unannounced annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date