

# Foster Family Home - Deficiency Report

Provider ID: 2-190004

Home Name: Gemma Fernandez, CNA

Review ID: 2-190004-10

16-1527 37th Avenue,  
Orchidland

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 9/12/2023

Foster Family Home

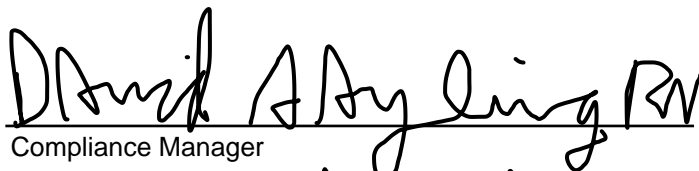
Required Certificate

[11-800-6]

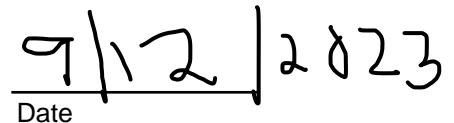
6.(d)(1) Comply with all applicable requirements in this chapter; and

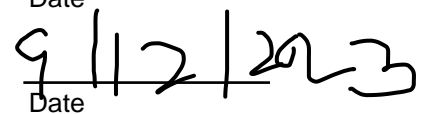
Comment:

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

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date