

# Foster Family Home - Deficiency Report

Provider ID: 4-190027

Home Name: Genalin Gonzales, CNA

Review ID: 4-190027-10

444 One Street

Reviewer: Terri Van Houten

Kahului

HI

96732

Begin Date: 11/27/2023

Foster Family Home

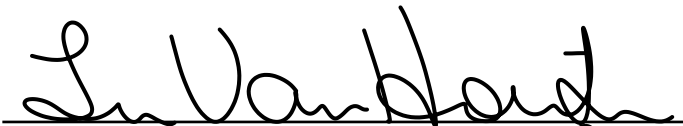
Required Certificate

[11-800-6]

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

Comment:

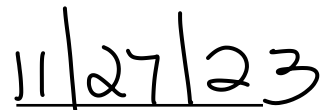
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



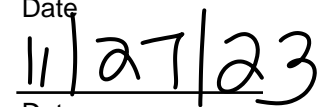
Compliance Manager



Primary Care Giver



Date



Date