

# Foster Family Home - Deficiency Report

Provider ID: 2-560054

Home Name: Ernesto Tadeo, CNA

Review ID: 2-560054-19

16-211 Orchidland Drive

Reviewer: David Ayling

Kea'au HI 96749

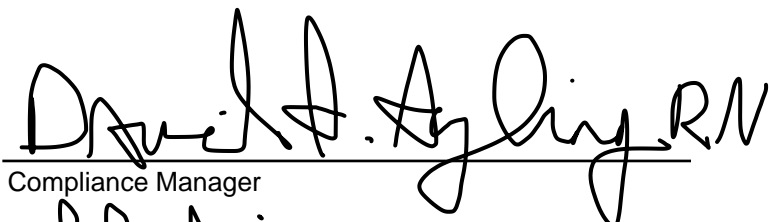
Begin Date: 2/5/2024

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

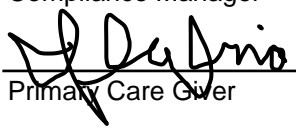
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

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

2/5/2024  
Date

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

2-5-2024  
Date