

# Foster Family Home - Deficiency Report

Provider ID: 4-559825

Home Name: Khonnie Villanueva, CNA

Review ID: 4-559825-6

98 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 4/24/2024

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

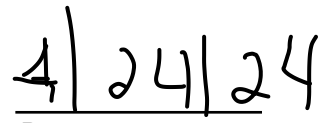
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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.

  
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Compliance Manager  
Khonnie B. Villanueva

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

  
\_\_\_\_\_  
Date  
4/24/24

\_\_\_\_\_  
Date