Foster Family Home - Deficiency Report

Provider ID: 4-210059

Home Name: Maribel Asuncion, CNA Review ID: 4-210059-7

478 South Kamehameha Reviewer: Terri Van Houten

Avenue

Kahului HI 96732 Begin Date: 4/10/2024

Factor Family Hama	Deguired Cartificate	[44 000 6]
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

SEE SIGNATURE ON PAGE 2

Primary Care Giver

4/10/24

Date

Foster Famil	y Home -	Deficiency Report		
Home Narse: Marthal Assirction, CNA	Review ID:	4-21 905 9-7		
478 South Kemehameha Avenue	Stockewar:	Teni Van Housen		
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4/10/2024 4:30:08 PM