

Foster Family Home - Deficiency Report

Provider ID: 4-210059

Home Name: Maribel Asuncion, CNA

Review ID: 4-210059-7

478 South Kamehameha
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/10/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

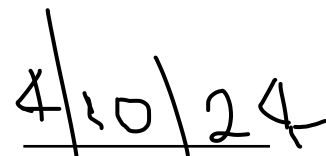
6.(d)(1)– Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

SEE SIGNATURE ON PAGE 2

Primary Care Giver



Date

Date

Foster Family Home - Deficiency Report

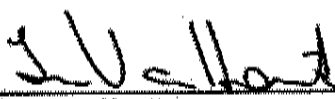
Home Name: Maribel Asuncion, CNA	Review ID: 4-219059-7
478 South Kanehamaha Avenue	Reviewer: Teri Van Houten
Kahului HI 96732	Begin Date: 4/10/2024

Foster Family Home - Required Certifications

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

Comment:

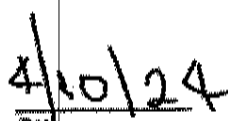
6.(d)(1)- Unannounced CCFH inspection made for a 3 bed CCFH recertification. CCFH met all compliance requirements at the time of the inspection. No corrective action required.



 Compliance Manager



 Primary Care Giver



 Date



 Date