

# Foster Family Home - Deficiency Report

Provider ID: 2-613811

Home Name: Rachel Castro, CNA

Review ID: 2-613811-14

882 Kupulau Road

Reviewer: David Ayling

Hilo HI 96720


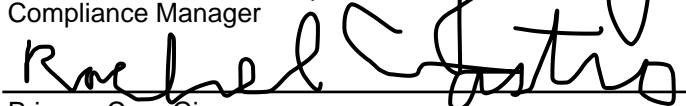
Begin Date: 4/18/2024

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

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

Comment:

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

 Compliance Manager	 Primary Care Giver	<u>4/18/2024</u> Date	<u>4/18/2024</u> Date
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