

# Foster Family Home - Deficiency Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

Review ID: 2-614992-23

15-1991 Poni Moi 29th Street

Reviewer: Maribel Nakamine

Kea'au HI 96749

Begin Date: 7/12/2024

**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- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN      7/12/24  
Compliance Manager      Date  
Yalonne M. Fikes      7/12/24  
Primary Care Giver      Date