

# Foster Family Home - Deficiency Report

Provider ID: 3-625022

Home Name: Larry Quiabang, CNA

Review ID: 3-625022-16

74-5085 Kumakani Street

Reviewer: David Ayling

Kailua-Kona HI 96740

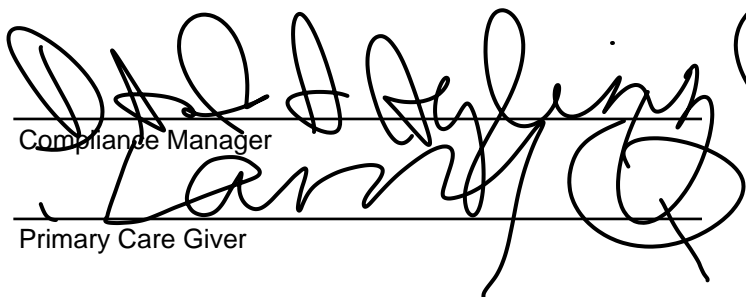
Begin Date: 7/12/2024


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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
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Compliance Manager      Date 7/12/24

  
\_\_\_\_\_  
Primary Care Giver      Date 7/12/24

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