

# Foster Family Home - Deficiency Report

Provider ID: 1-240080

Home Name: Stephanie Khaye Ventura,  
CNA

Review ID: 1-240080-1

96-239 Waiawa Road Unit B

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 10/17/2024

**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) - Home inspection for a new 2 person CCFFH certification.      All requirements were met at the time of inspection.  
Home will receive a 2-bed certification.

David Ayling RN      10/17/2024  
Compliance Manager      Date  
[Signature]      10/17/2024  
Primary Care Giver      Date