

# Foster Family Home - Deficiency Report

Provider ID: 2-190004

Home Name: Gemma Fernandez, CNA

Review ID: 2-190004-12

16-1527 37th Avenue,  
Orchidland

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 9/11/2024

Foster Family Home


Required Certificate

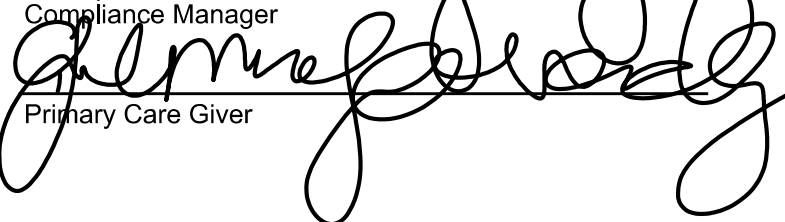
[11-800-6]

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  
Date 9/11/2024

  
Primary Care Giver  
Date 9/11/24