

# Foster Family Home - Deficiency Report

Provider ID: 5-180051

Home Name: Eileen B. Quetula, CNA

Review ID: 5-180051-14

2976 Hoolako Street

Reviewer: David Ayling

Lihue HI 96766



Begin Date: 7/9/2025

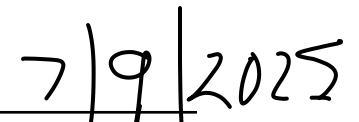

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date