

Foster Family Home - Deficiency Report

Provider ID: 2-240055

Home Name: Juliet Douglas, CNA

Review ID: 2-240055-2

15-1745 6th Avenue

Reviewer: Maribel Nakamine

Kea'au

HI

96749

Begin Date: 7/7/2025

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine *rw 7/7/25*

Compliance Manager
[Signature]

Primary Care Giver
[Signature]

Date

Date

7/7/2025 12:03:47 PM