

# Foster Family Home - Deficiency Report

Provider ID: 5-190079

Home Name: Lielany Defontorum, CNA

Review ID: 5-190079-13

4369 Anai Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 7/15/2025

Foster Family Home


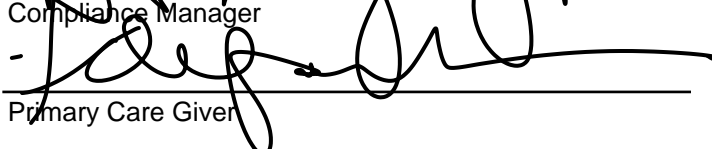
Required Certificate

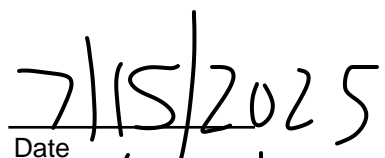
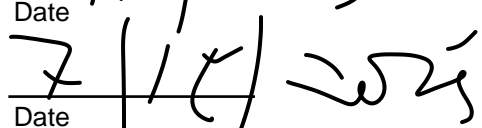
[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

7/15/2025 12:54:33 PM