

# Foster Family Home - Deficiency Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA  
430 Puolo Place  
Kahului HI 96732

Review ID: 4-130063-18  
Reviewer: David Ayling  
Begin Date: 9/9/2025

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

Compliance Manager

Primary Care Giver

9/9/2025  
Date  
9/9/2025  
Date