

Foster Family Home - Deficiency Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA

Review ID: 4-130063-18

430 Puolo Place

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 9/9/2025

Foster Family Home



Required Certificate


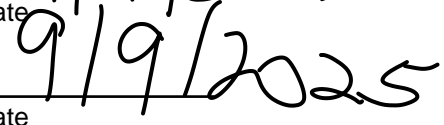
[11-800-6]

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


Date

Date