

Foster Family Home - Deficiency Report

Provider ID: 5-130029

Home Name: Imelda Yadao, CNA

Review ID: 5-130029-21

2900 Kanani Street

Reviewer: David Ayling

Lihue

HI 96766

Begin Date: 8/26/2025

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 Caregiver

Rn

Date

8/26/2025

8-26-25

Date