

Foster Family Home - Deficiency Report

Provider ID: 1-160086

Home Name: Kresta Jonadel Rival, NA

Review ID: 1-160086-18

91-936 Komana Street

Reviewer: Deborah Baumgart

Ewa Beach

HI

96706

Begin Date: 8/19/2025

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 annual inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager

Primary Care Giver

8/19/25
Date
8/19/25
Date