

Foster Family Home - Deficiency Report

Provider ID: 2-631285

Home Name: Berlinda Villa, CNA

Review ID: 2-631285-18

16-518 Ohe Street

Reviewer: Deborah Baumgart

Keaau

HI 96749

Begin Date: 9/23/2025

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date