

# Foster Family Home - Deficiency Report

Provider ID: 3-250068

Home Name: Cynthia Ventenilla, APRN

Review ID: 3-250068-1

77-6470 Ono Road

Reviewer: David Ayling

Kailua-Kona HI 96740

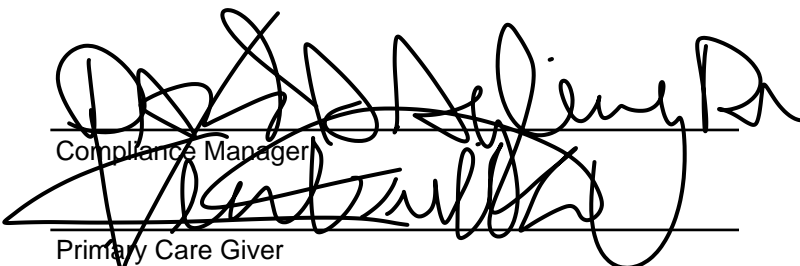
Begin Date: 9/30/2025

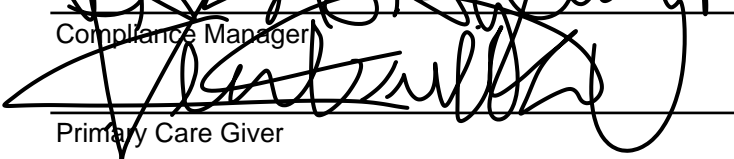
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date 9/30/2025

\_\_\_\_\_  
Date 9-30-25