

Foster Family Home - Deficiency Report

Provider ID: 2-636079

Home Name: Deanna Greig, CNA

Review ID: 2-636079-20

15-1587 Naupaka St, 23rd
Street

Reviewer: Deborah Baumgart

Keaau HI 96749

Begin Date: 9/23/2025

Foster Family Home

Required Certificate


[11-800-6]

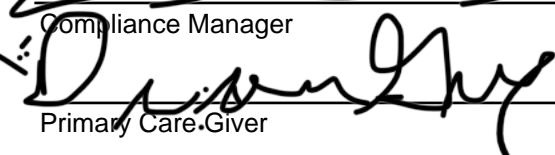
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

9/23/25

Date
9/23/25

Date