

Foster Family Home - Deficiency Report

Provider ID: 2-613043

Home Name: Victoria Baker, CNA

Review ID: 2-613043-18

69 Melani Street

Reviewer: Deborah Baumgart

Hilo HI 96720

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:

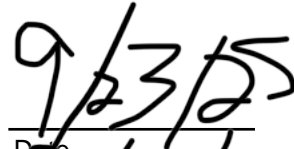
6.d.1- Unannounced visit made for a 3-bed annual inspection.

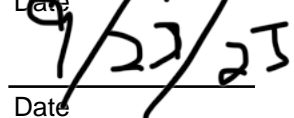
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date