

Foster Family Home - Deficiency Report

Provider ID: 2-160049

Home Name: Wendy Anches, RN

Review ID: 2-160049-19

1263 Puhau Street

Reviewer: Po Lim

Hilo HI 96720

Begin Date: 1/29/2026

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

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

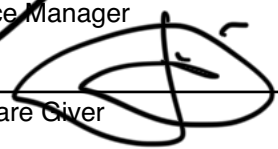
Comment:

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