

Foster Family Home - Deficiency Report

Provider ID: 2-240055

Home Name: Juliet Douglas, CNA

Review ID: 2-240055-4

15-1745 6th Avenue

Reviewer: Laurie Vosler

Kea'au

HI 96749

Begin Date: 3/23/2026

Foster Family Home

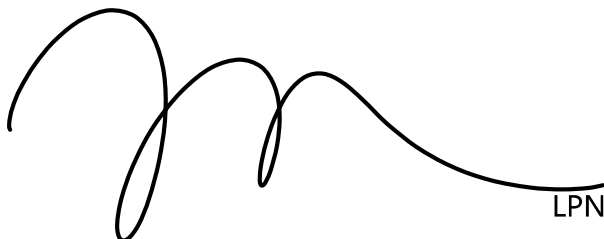
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

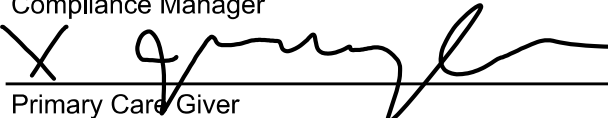


LPN

Compliance Manager

03/23/2026

Date

X 
Primary Care Giver

03/23/2026

Date