

Foster Family Home - Deficiency Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

Review ID: 2-614992-25

15-1991 Poni Moi 29th Street

Reviewer: Maribel Nakamine

Kea'au HI 96749

Begin Date: 8/25/2025

Foster Family Home

Required Certificate

[11-800-6]

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

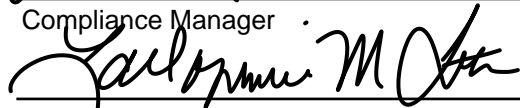
Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

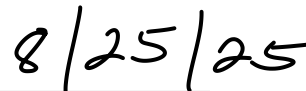
CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver



Date



Date