

Foster Family Home - Deficiency Report

Provider ID: 4-624628

Home Name: Era Luczon, CNA

Review ID: 4-624628-20

536 Niau Street

Reviewer: David Ayling

Kahului HI 96732


Begin Date: 4/28/2026

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


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

Comment:

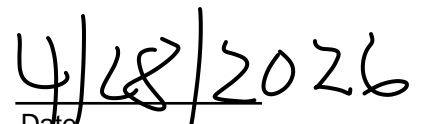
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. PCG plans to close CCFFH on 5/1/2026. Both clients are scheduled to transfer on 5/1/2026. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



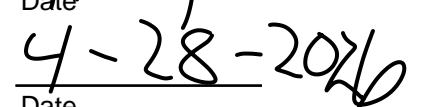
Compliance Manager



Primary Care Giver



Date



Date