

Foster Family Home - Deficiency Report

Provider ID: 5-180051

Home Name: Eileen B. Quetula, CNA

Review ID: 5-180051-15

2976 Hoolako Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 6/18/2026

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date