

# Foster Family Home - Deficiency Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-12

91-1055 Uouoa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

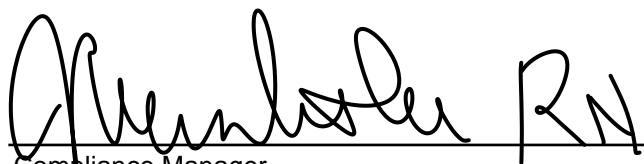
Begin Date: 11/3/2021


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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/4/21  
\_\_\_\_\_  
Date

11/4/21  
\_\_\_\_\_  
Date