

Foster Family Home - Deficiency Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

Review ID: 1-110010-11

94-293 Hiwahiwa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/14/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, R

Compliance Manager

[Signature]

Primary Care Giver

12/14/2021

Date

12/14/21

Date