

# Foster Family Home - Deficiency Report

Provider ID: 1-130046

Home Name: Natti Asentista, NA

Review ID: 1-130046-13

94-415 Ikepono Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/17/2022

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

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

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Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, RC      2/17/22  
Compliance Manager      Date

[Signature]      2/17/22  
Primary Care Giver      Date