

Foster Family Home - Deficiency Report

Provider ID: 4-220059

Home Name: Angelina Alba, NA

Review ID: 4-220059-1

808 Poai Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/24/2022

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

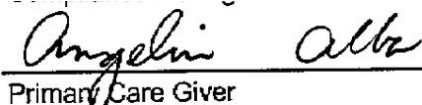
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

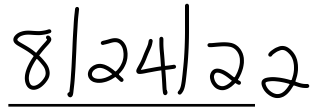
6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



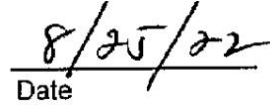
Compliance Manager



Primary Care Giver



Date



Date