

Foster Family Home - Deficiency Report

Provider ID: 1-110013

Home Name: Vicenta Acosta, CNA

Review ID: 1-110013-13

94-1037 Mahoe Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/15/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

Compliance Manager

Primary Care Giver

Date

Date