

Foster Family Home - Deficiency Report

Provider ID: 1-140072

Home Name: Maria Charlotte Quitevis, CNA

Review ID: 1-140072-11

94-524 Loaa Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date:

9/26/2022

Foster Family Home


Required Certificate


[11-800-6]

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

Comment:

6(d)(1) Unannounced recertification 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

9/26/22

Date
9/26/22

Date