

Foster Family Home - Deficiency Report

Provider ID: 1-220085

Home Name: Christine Yvette Acosta, CNA

Review ID: 1-220085-1

2103 Makaanani Drive

Reviewer: David Ayling

Honolulu

HI

96817

Begin Date: 11/10/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Compliance Manager

Primary Care Giver

Date

Date