

Foster Family Home - Deficiency Report

Provider ID: 1-170090

Home Name: Crestita Alcantara, CNA

Review ID: 1-170090-10

91-832 Haiamu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/25/2022


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

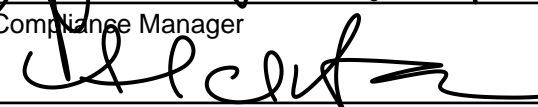
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager


Primary Care Giver

10/25/22

Date
10/25/22

Date