

# Foster Family Home - Deficiency Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

Review ID: 1-110010-13

94-293 Hiwahiwa Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/5/2022

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

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

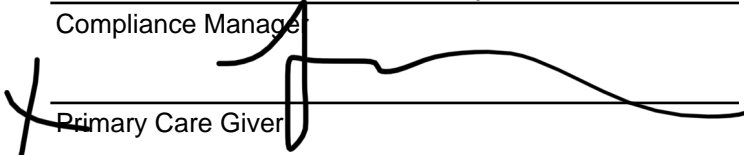
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Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

12/5/22  
\_\_\_\_\_  
Date  
12/5/22  
\_\_\_\_\_  
Date