

Foster Family Home - Deficiency Report

Provider ID: 1-622474

Home Name: Jhoan Acosta, CNA

Review ID: 1-622474-11

1922 Lohilani Street

Reviewer: Deborah Baumgart

Honolulu HI 96819

Begin Date: 4/27/2023


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

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

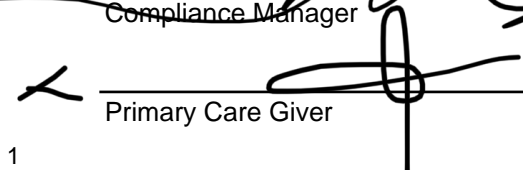
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date

Date