

Foster Family Home - Deficiency Report

Provider ID: 1-130046

Home Name: Natti Asentista, NA

Review ID: 1-130046-15

94-415 Ikepono Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/13/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

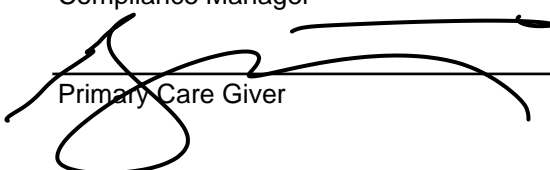
Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

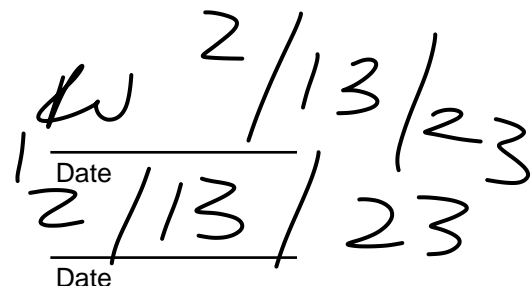
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date

Date