

Foster Family Home - Deficiency Report

Provider ID: 1-190073

Home Name: Amber G. Acosta, NA

Review ID: 1-190073-9

91-1358 Karayan Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/2/2023

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

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

Comment:

6(d)(1) CCFFH inspection made for a 1 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


Date


Date