

Foster Family Home - Deficiency Report

Provider ID: 1-140004

Home Name: Jesusa Alcantara, CNA

Review ID: 1-140004-13

94-1010 Eleu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/22/2023

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

5/22/23

Date

5/22/23

Date