

Foster Family Home - Deficiency Report

Provider ID: 1-140072

Home Name: Maria Charlotte Quitevis, CNA Review ID: 1-140072-11

94-524 Loaa Street Reviewer: Po Lim

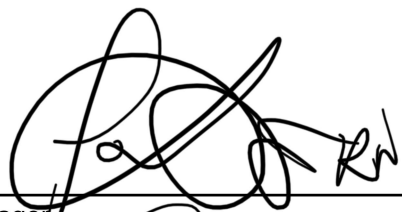
Waipahu HI 96797 Begin Date: 9/26/2022

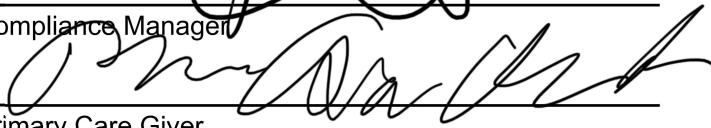
Foster Family Home Required Certificate [11-800-6]

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

Comment:

6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver

9/26/22
Date
9/26/22
Date