

Foster Family Home - Deficiency Report

Provider ID: 1-220085

Home Name: Christine Yvette Acosta, CNA

Review ID: 1-220085-3

2103 Makaanani Drive

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 8/11/2023

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 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver



Date

Date

8/11/2023

8/11/2023