

Foster Family Home - Deficiency Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA

Review ID: 1-160081-11

98-073 Lokowai Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 8/17/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection

Compliance Manager

Primary Care Giver

Date

Date