

# Foster Family Home - Deficiency Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-16

91-1055 Uouoa Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/25/2023

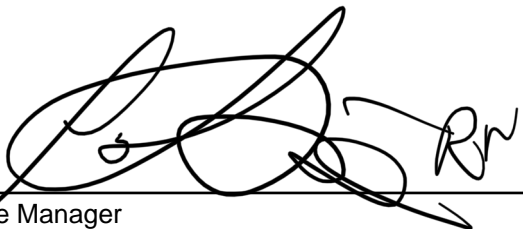
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/25/23  
\_\_\_\_\_  
Date

9/25/23  
\_\_\_\_\_  
Date