

Foster Family Home - Deficiency Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

Review ID: 1-110010-15

94-293 Hiwahiwa Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 10/27/2023

Foster Family Home

Required Certificate

[11-800-6]

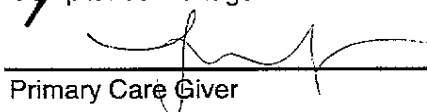
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

10/27/23
Date

10/27/23
Date