

Foster Family Home - Deficiency Report

Provider ID: 1-170090

Home Name: Crestita Alcantara, CNA

Review ID: 1-170090-12

91-832 Haiamu Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 11/29/2023

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

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

Comment:

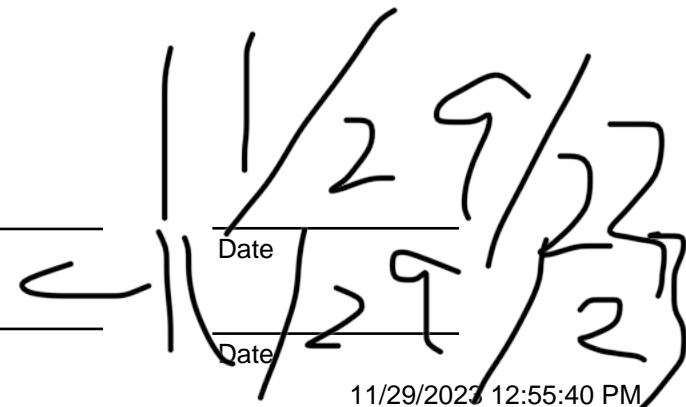
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



Date

Date