

Foster Family Home - Deficiency Report

Provider ID: 1-140072

Home Name: Maria Charlotte Quitevis, CNA

Review ID: 1-140072-13

94-524 Loaa Street

Reviewer: Terri Van Houten

Waipahu

HI

96797

Begin Date: 12/13/2023

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 annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

12/13/23

Date

12/13/23

Date