

Foster Family Home - Deficiency Report

Provider ID: 1-140004

Home Name: Jesusa Alcantara, CNA

Review ID: 1-140004-15

94-1010 Eleu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/26/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver

Date

Date

Re 4/26/24
4/26/24