

Foster Family Home - Deficiency Report

Provider ID: 1-110013

Home Name: Vicenta Acosta, CNA

Review ID: 1-110013-17

94-1037 Mahoe Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/28/2024

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 annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

x 

Primary Care Giver

8/28/24



Date