

Foster Family Home - Deficiency Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-18

91-1055 Uouoa Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 9/17/2024

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


Primary Care Giver

9/17/24

Date
9/17/24

Date