

# Foster Family Home - Deficiency Report

Provider ID: 1-140072

Home Name: Maria Charlotte Quitevis, CNA

Review ID: 1-140072-15

94-524 Loaa Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 8/29/2024

Foster Family Home

Required Certificate

[11-800-6]

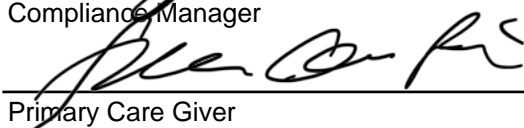
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date