

Foster Family Home - Deficiency Report

Provider ID: 1-190073

Home Name: Amber G. Acosta, NA

Review ID: 1-190073-13

94-547 Ana Aina Place

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 10/24/2024

Foster Family Home **Required Certificate** **[11-800-6]**

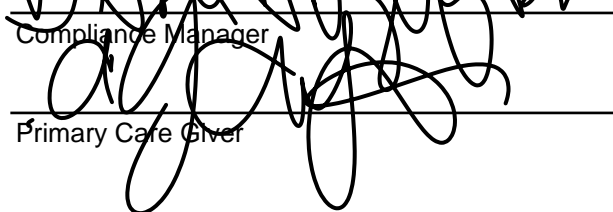
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

10/24/2024

Date

10/24/24

Date

10/24/2024 6:23:18 PM