

Foster Family Home - Deficiency Report

Provider ID: 1-170090

Home Name: Crestita Alcantara, CNA

Review ID: 1-170090-14

91-832 Haiamu Street

Reviewer: Po Lim

Ewa Beach HI 96706


Begin Date: 10/21/2024

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

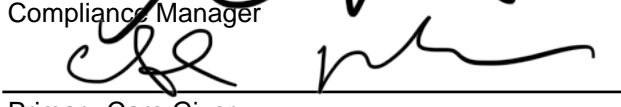
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

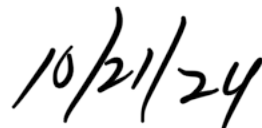
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



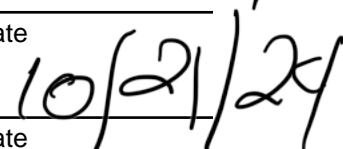
Compliance Manager



Primary Care Giver



Date



Date

10/21/2024 10:52:38 AM