

Foster Family Home - Deficiency Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

Review ID: 1-110010-17

94-293 Hiwahiwa Place

Reviewer: Deborah Baumgart

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- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

10/24/24

Date

10/24/24

Date