

Foster Family Home - Deficiency Report

Provider ID: 1-220085

Home Name: Christine Yvette Acosta, CNA

Review ID: 1-220085-7

2103 Makaanani Drive

Reviewer: Ryan Nakamura

Honolulu

HI

96817

Begin Date: 8/5/2025

Foster Family Home

Required Certificate

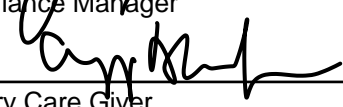
[11-800-6]

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

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.


Compliance Manager


Primary Care Giver


Date

Date