

Foster Family Home - Deficiency Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-20

91-1055 Uouoa Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 10/14/2025

Foster Family Home

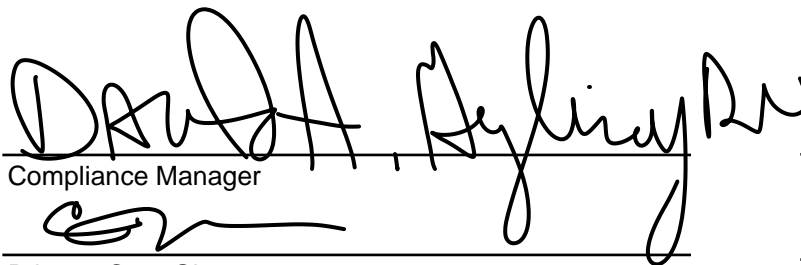
Required Certificate


[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager


Primary Care Giver

10/14/2025
Date
10/14/25
Date