Foster Family Home - Deficiency Report

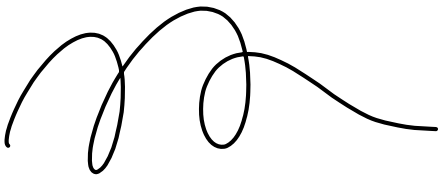
Provider ID:	**1-622474**		
Home Name:	**Jhoan Acosta, CNA**	**Review ID:**	**1-622474-17**
1922 Lohilani Street		Reviewer:	Laurie Vosler
Honolulu HI 96819		Begin Date:	5/21/2026

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 annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action is required.



LPN — 05/21/2026

Compliance Manager — Date

05/21/2026

Primary Care Giver — Date