

# Foster Family Home - Deficiency Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-8

94-925 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/13/2021

Foster Family Home

Required Certificate

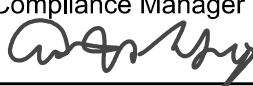
[11-800-6]

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

Comment:

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

  
Compliance Manager

  
Primary Care Giver

7/13/2021  
Date  
7/13/2021  
Date