

Foster Family Home - Deficiency Report

Provider ID: 1-510471

Home Name: Juliet Acoba, CNA

Review ID: 1-510471-10

94-1028 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/14/2021

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.d.1- Unannounced annual inspection conducted.

No deficiencies found. CCFFH is in compliance with all requirements.

Maribel Nakamine, CW 9/14/2021
Compliance Manager Date

Juliet A. Acoba 9/14/2021
Primary Care Giver Date