

Foster Family Home - Deficiency Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

Review ID: 1-594730-10

94-048 Poailani Circle

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/17/2022

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

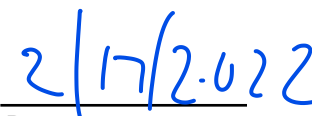
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Date


Date