

# Foster Family Home - Deficiency Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-10

94-925 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/25/2022

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

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

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Comment:

6.d.1- Unannounced annual inspection conducted.

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

Maribel Nakamine, RN      5/25/22  
Compliance Manager      Date  
An m      5/25/22  
Primary Care Giver      Date