

Foster Family Home - Deficiency Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-9

64-5305 Hoohoa Street

Reviewer: David Ayling

Kamuela

HI 96743

Begin Date: 4/28/2022

Foster Family Home

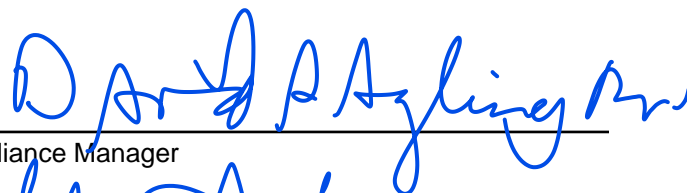
Required Certificate

[11-800-6]

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

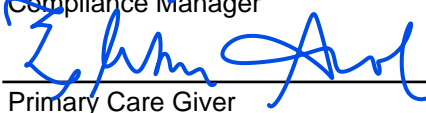
Comment:

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

4/28/22
Date



Primary Care Giver

4/28/22
Date