

Foster Family Home - Deficiency Report

Provider ID: 1-512485

Home Name: Editha Acupido, CNA

Review ID: 1-512485-10

94-728 Kalae Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/27/2022

Foster Family Home


Required Certificate

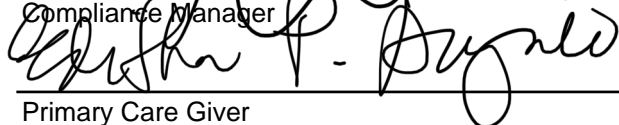
[11-800-6]

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

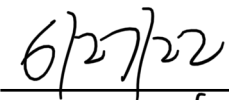
Comment:

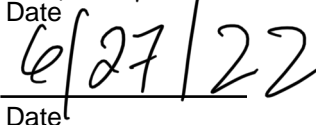
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date