

# Foster Family Home - Deficiency Report

Provider ID: 1-510471

Home Name: Juliet Acoba, CNA

Review ID: 1-510471-12

94-1028 Puloku Street

Reviewer: Po Lim

Waipahu HI 96797

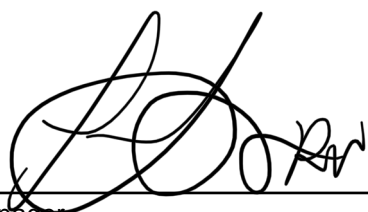
Begin Date: 9/22/2022

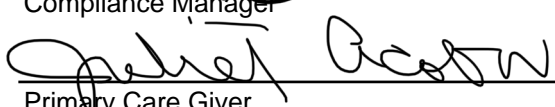
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

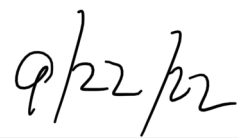
6.(d)(1)      Comply with all applicable requirements in this chapter; and

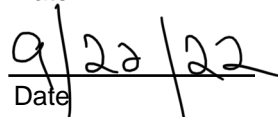
Comment:

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