

Foster Family Home - Deficiency Report

Provider ID: 1-513368

Home Name: Hildegard Akee, NA

Review ID: 1-513368-13

94-137 Hulahe Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/21/2022

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 conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, RW 11/21/22

Compliance Manager

Date

[Signature]

11/21/22

Primary Care Giver

Date