

# Foster Family Home - Deficiency Report

Provider ID: 1-510497

Home Name: Nonita Acorda, CNA

Review ID: 1-510497-12

66-883 Kamakahala Street

Reviewer: Maribel Nakamine

Waialua HI 96791

Begin Date: 10/26/2022




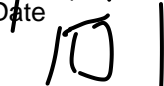
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

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

 Compliance Manager	 Primary Care Giver	 Date 10/26/22	 Date 10/26/22
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