

Foster Family Home - Deficiency Report

Provider ID: 1-512485

Home Name: Editha Acupido, CNA

Review ID: 1-512485-12

94-728 Kalae Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 5/5/2023

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

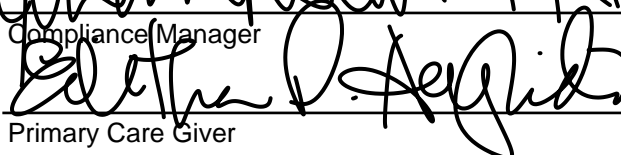
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

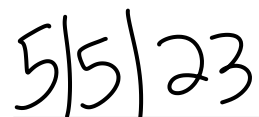
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



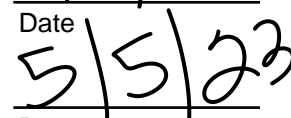
Compliance Manager



Primary Care Giver



Date



Date