

Foster Family Home - Deficiency Report

Provider ID: 3-626070

Home Name: Almira Acasio, CNA

Review ID: 3-626070-17

76-6183 Holualoa Beach
Road

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 5/11/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date