

Foster Family Home - Deficiency Report

Provider ID: 1-510497

Home Name: Nonita Acorda, CNA

Review ID: 1-510497-14

66-883 Kamakahala Street

Reviewer: Deborah Baumgart

Waialua HI 96791

Begin Date: 10/23/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Date

Primary Care Giver

Date