

Foster Family Home - Deficiency Report

Provider ID: 1-210006

Home Name: Mariacita S. Aceret, CNA

Review ID: 1-210006-8

94-1104 Kahuamo Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/9/2023

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

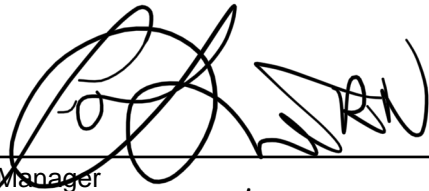
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

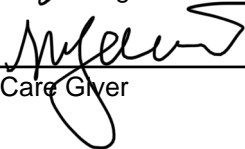
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date