

Foster Family Home - Deficiency Report

Provider ID: 1-190022

Home Name: Arceli Acio, CNA

Review ID: 1-190022-10

94-478 Kipou Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/16/2023

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 met all requirements at the time of the inspection.



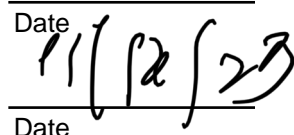
Compliance Manager



Primary Care Giver

11/16/2023

Date



Date