

Foster Family Home - Deficiency Report

Provider ID: 1-509945

Home Name: Alma Acasio, CNA

Review ID: 1-509945-14

108 Kaniko Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 4/24/2025

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 inspection.


Compliance Manager

Date

4/24/24


Primary Care Giver

Date

4/24/24