

Foster Family Home - Deficiency Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-14

94-925 Kuhaulua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 4/16/2024

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

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

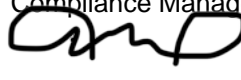
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

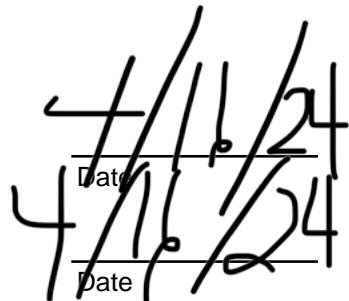
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date