

Foster Family Home - Deficiency Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-13

64-5305 Hoohoa Street

Reviewer: David Ayling

Kamuela

HI 96743

Begin Date: 3/12/2024

Foster Family Home

Required Certificate

[11-800-6]

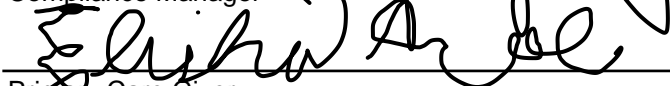
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

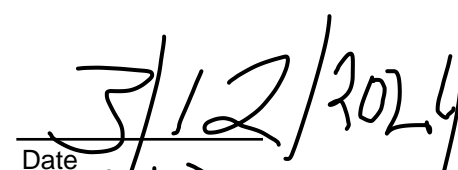
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager

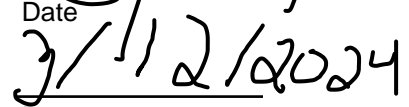
Compliance Manager


Primary Care Giver

Primary Care Giver


Date

Date


Date

Date