

Foster Family Home - Deficiency Report

Provider ID: 1-510471

Home Name: Juliet Acoba, CNA

Review ID: 1-510471-16

94-1028 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/25/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 7/25/24
Compliance Manager Date
Juliet A. Acoba 7/25/24
Primary Care Giver Date