

Foster Family Home - Deficiency Report

Provider ID: 1-190022

Home Name: Arceli Acio, CNA

Review ID: 1-190022-12

94-478 Kipou Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 11/14/2024

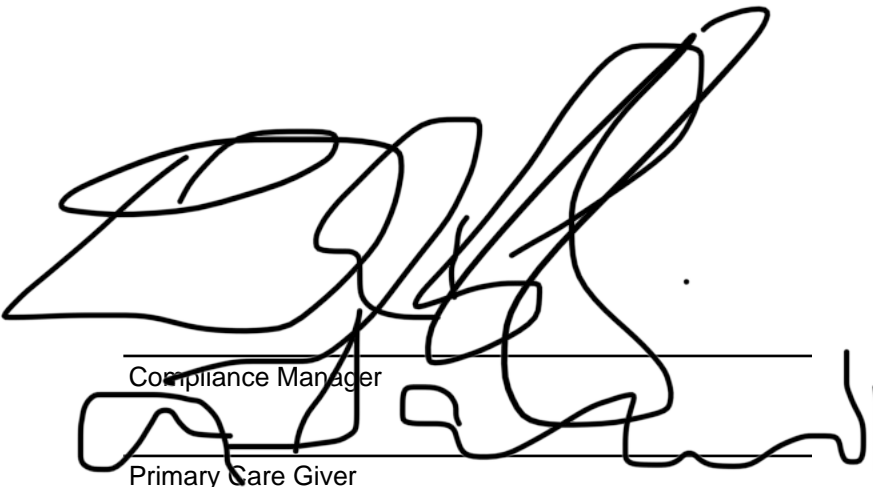
Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

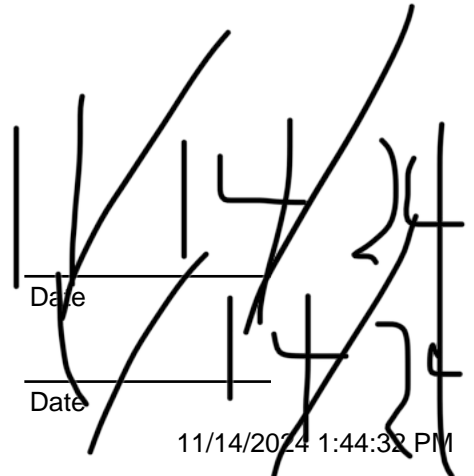
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date

Date
11/14/24