

# Foster Family Home - Deficiency Report

Provider ID: 1-210006

Home Name: Mariacita S. Aceret, CNA

Review ID: 1-210006-10

94-1104 Kahuamo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/21/2024

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 11/21/24  
Compliance Manager Date  
mfalco  
Primary Care Giver Date 11/21/24