

Foster Family Home - Deficiency Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-15

64-5305 Hoohoa Street

Reviewer: Maribel Nakamine

Kamuela

HI

96743

Begin Date: 7/9/2025

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 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, Re 7/9/25
Compliance Manager
Date
7/9/25
Primary Care Giver