

Foster Family Home - Deficiency Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-17

64-5305 Hoohoa Street

Reviewer: Maribel Nakamine

Kamuela HI 96743

Begin Date: 4/27/2026


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

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

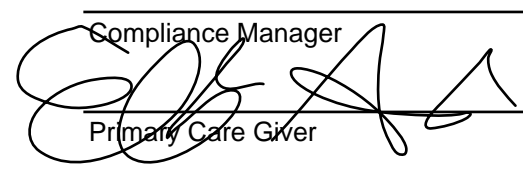
Comment:

6.d.1- Unannounced inspection made for a 2-bed recertification.

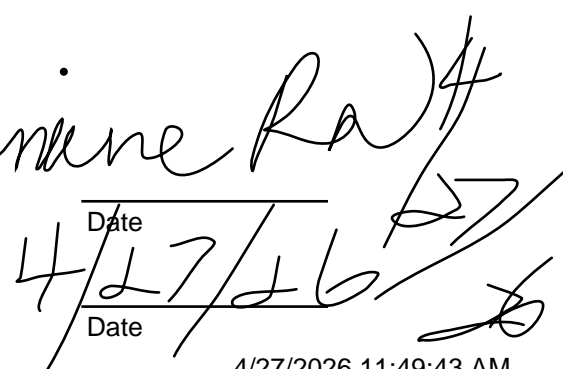
CCFFH met all requirements at the time of inspection. No Corrective action required.



Compliance Manager



Primary Care Giver



Date 4/27/26

Date