

Foster Family Home - Deficiency Report

Provider ID: 1-509945

Home Name: Alma Acasio, CNA

Review ID: 1-509945-18

108 Kaniko Place

Reviewer: Laurie Vosler

Wahiawa HI 96786

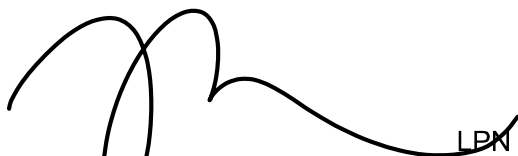
Begin Date: 6/15/2026

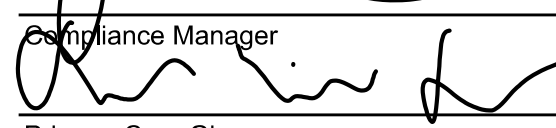
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action is required.



Compliance Manager LPN


Primary Care Giver
CG#2 Angel Acasio, NA2

06/15/2026

Date

06/15/2026

Date