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]**

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.

LPN
Compliance Manager

06/15/2026
Date

Primary Care Giver
CG#2 Angel Acasio, NA2

06/15/2026
Date