Foster Family Home - Deficiency Report

Provider ID:	**3-626070**		
Home Name:	**Almira Acasio, CNA**	**Review ID:**	**3-626070-22**
76-6183 Holualoa Beach Road		Reviewer:	Po Lim
Kailua-Kona HI 96740		Begin Date:	6/26/2026

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 for a 3 bed CCFFH re-certification.
CCFFH met all requirements at the time of the inspection.

Compliance Manager

6/26/2026
Date

Primary Care Giver

6/26/2026
Date