

Foster Family Home - Deficiency Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-18

94-925 Kuhaulua Street

Reviewer: Laurie Vosler

Waipahu HI 96797

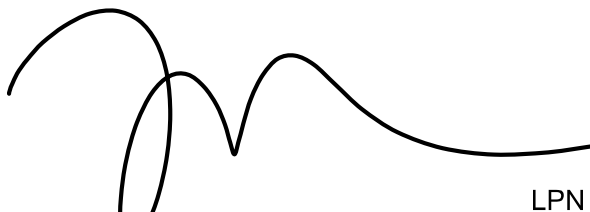
Begin Date: 6/25/2026

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 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action is required.



LPN

Compliance Manager

06/25/2026

Date

Primary Care Giver

06/25/2026

Date