

# Foster Family Home - Deficiency Report

Provider ID: 1-160084

Home Name: Hazeline Taban, CNA

Review ID: 1-160084-10

94-917 Kuhaulua Street, A

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/3/2021

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

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

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Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

*Maribel Nakamine, CW*

*8/3/2021*

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

*8/3/2021*  
\_\_\_\_\_  
Date