

# Foster Family Home - Deficiency Report

Provider ID: 1-562307

Home Name: Edgar Tuazon, CNA

Review ID: 1-562307-8

94-1117 Lumikuke Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/18/2021

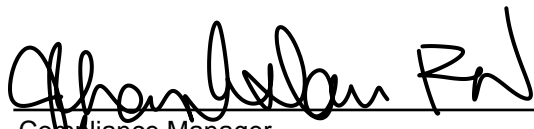
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

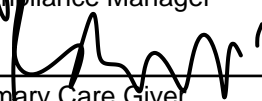
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

7/19/21  
\_\_\_\_\_  
Date

7/19/21  
\_\_\_\_\_  
Date