

# Foster Family Home - Deficiency Report

Provider ID: 1-561789

Home Name: Josephine Tabucbuc, CNA

Review ID: 1-561789-10

94-215 Keaukaha Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/13/2022

Foster Family Home

Required Certificate

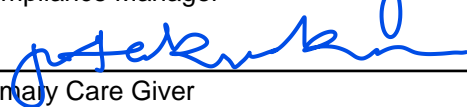
[11-800-6]

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

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date