

# Foster Family Home - Deficiency Report

Provider ID: 1-562307

Home Name: Edgar Tuazon, CNA

Review ID: 1-562307-10

94-1117 Lumikuke Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/7/2022

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

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

Comment:

6(d)(1) Unannounced recertification or annual inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Compliance Manager

Primary Care Giver

Date

Date

6/7/22

6-7-22