

Foster Family Home - Deficiency Report

Provider ID: 1-120048

Home Name: Maria Tabladillo, CNA

Review ID: 1-120048-12

94-483 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/13/2022

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

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RN 6/13/22

Compliance Manager

Date

[Signature]

6/13/22

Primary Care Giver

Date