

Foster Family Home - Deficiency Report

Provider ID: 4-170048

Home Name: Judy Lapuebla, CNA

Review ID: 4-170048-9

5 Puakala Place

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 6/27/2022

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

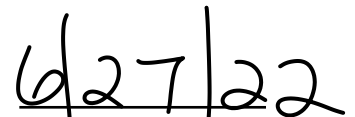
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



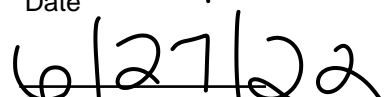
Compliance Manager



Date



Primary Care Giver



Date