

# Foster Family Home - Deficiency Report

Provider ID: 1-160084

Home Name: Hazeline Taban, CNA

Review ID: 1-160084-12

94-917 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/15/2022

**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*      *8/15/22*

Compliance Manager

Date

*[Signature]*

Primary Care Giver

*8/15/22*

Date