

Foster Family Home - Deficiency Report

Provider ID: 1-190029

Home Name: Julienette Lacar, CNA

Review ID: 1-190029-8

94-732 Kaaka Street

Reviewer: David Ayling

Waipahu HI 96797

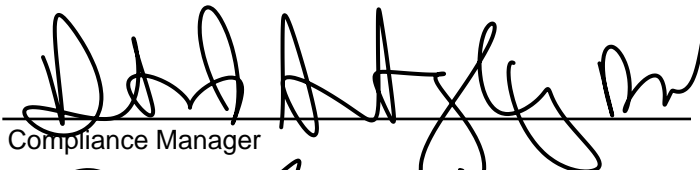
Begin Date: 12/12/2022

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

12/12/2022

Date

12/12/2022

Date

12/12/2022 12:40:21 PM