

Foster Family Home - Deficiency Report

Provider ID: 1-633728

Home Name: Lorna Macaburas, CNA

Review ID: 1-633728-11

1459 Hoohaku Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 10/26/2022

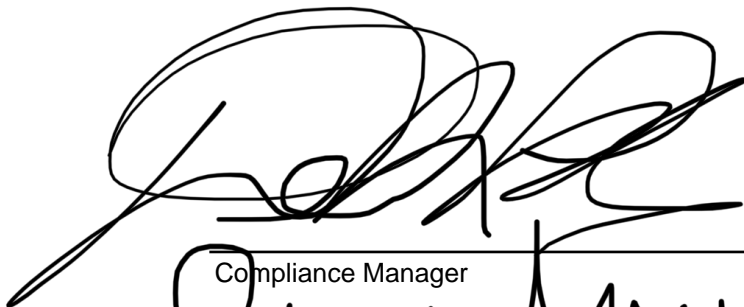
Foster Family Home **Required Certificate** **[11-800-6]**

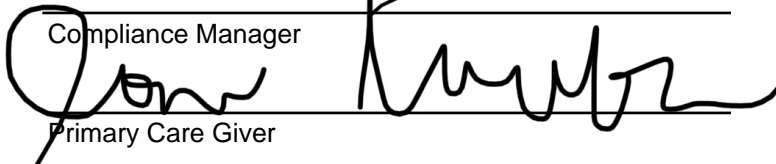
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

CCFFH is in compliance with all requirements.



Compliance Manager

Primary Care Giver

10/26/22
Date
10/26/22
Date