

# Foster Family Home - Deficiency Report

Provider ID: 1-230027

Home Name: Amelita Cabudol, CNA

Review ID: 1-230027-1

94-1234 Kahuaiana Street

Reviewer: David Ayling

Waipahu HI 96797



Begin Date: 5/3/2023

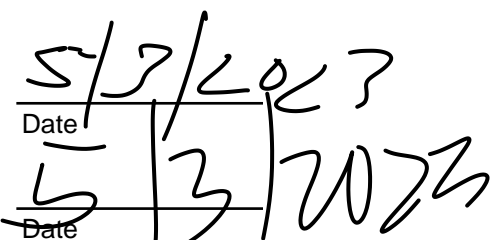
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
5/3/2023  
Date