

Foster Family Home - Deficiency Report

Provider ID: 1-561789

Home Name: Josephine Tabucbuc, CNA

Review ID: 1-561789-12

94-215 Keaukaha Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/26/2023

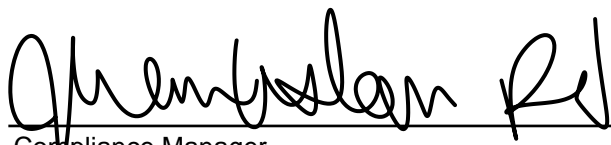
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager

Date 1/26/23



Primary Care Giver

Date 1/26/23