

Foster Family Home - Deficiency Report

Provider ID: 1-230054

Home Name: Roselle Publico-Tajardon, RN

Review ID: 1-230054-1

94-417 Kahuanani Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/7/2023

Foster Family Home

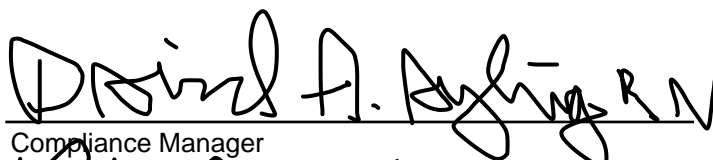
Required Certificate

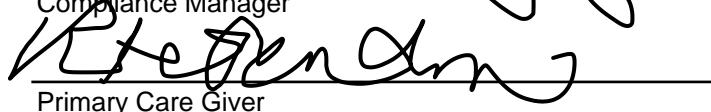
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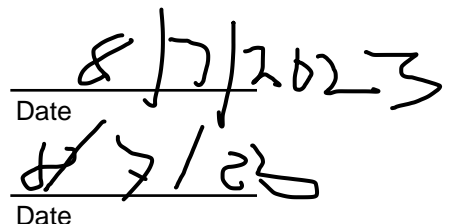
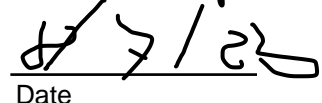
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

Date