

# Foster Family Home - Deficiency Report

Provider ID: 1-561789

Home Name: Josephine Tabucbuc, CNA

Review ID: 1-561789-14

94-215 Keaukaha Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 2/26/2024


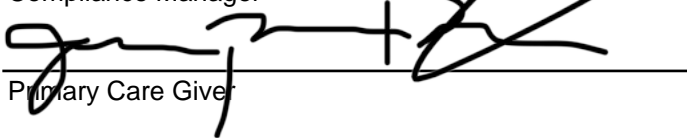
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

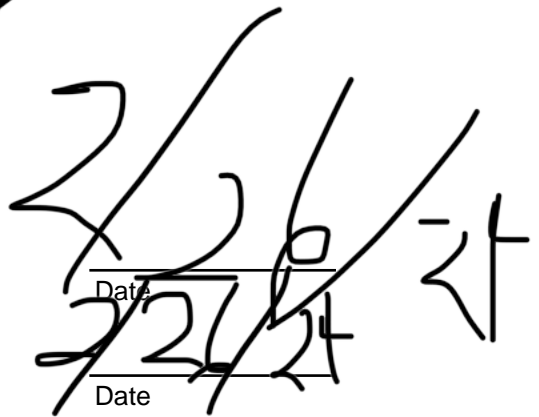
6.(d)(1)      Comply with all applicable requirements in this chapter; and

-----  
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
2/26/24  
\_\_\_\_\_  
Date