

# Foster Family Home - Deficiency Report

Provider ID: 1-120048

Home Name: Maria Tabladillo, CNA

Review ID: 1-120048-16

94-483 Opeha Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/11/2024

Foster Family Home


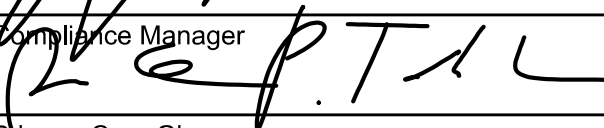
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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

4/11/2024  
\_\_\_\_\_  
Date  
4/11/2024  
\_\_\_\_\_  
Date