

Foster Family Home - Deficiency Report

Provider ID: 1-160084

Home Name: Hazeline Taban, CNA

Review ID: 1-160084-17

94-456 Loaa Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 7/23/2024

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 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

7/23/24
Date
7/27/24
Date