

Foster Family Home - Deficiency Report

Provider ID: 1-210076

Home Name: Jovelyn Cabradilla, NA

Review ID: 1-210076-7

94-233 Kahuanani Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/15/2024

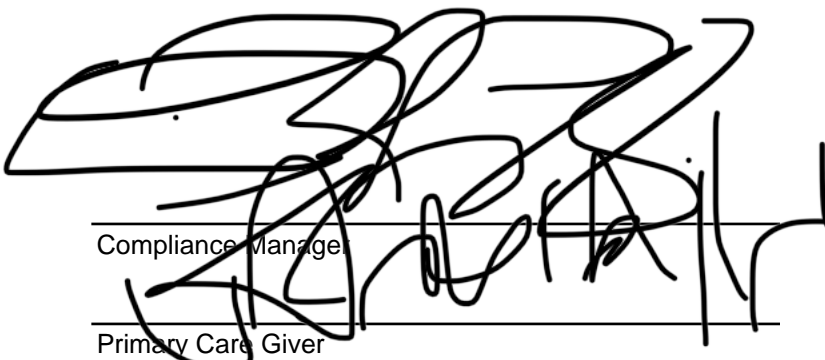
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

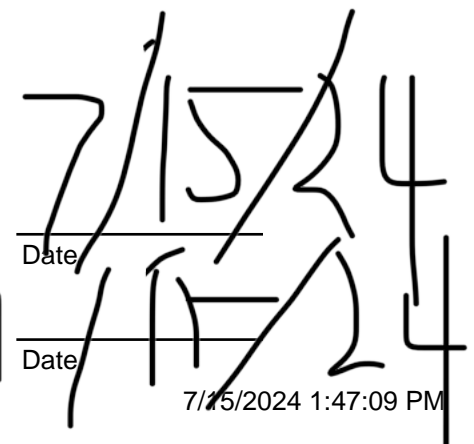
6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



Date

Date
7/15/2024 1:47:09 PM