

# Foster Family Home - Deficiency Report

Provider ID: 1-200055

Home Name: Judith A. Gabur, NA

Review ID: 1-200055-10

94-508 Mahoe Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/5/2024

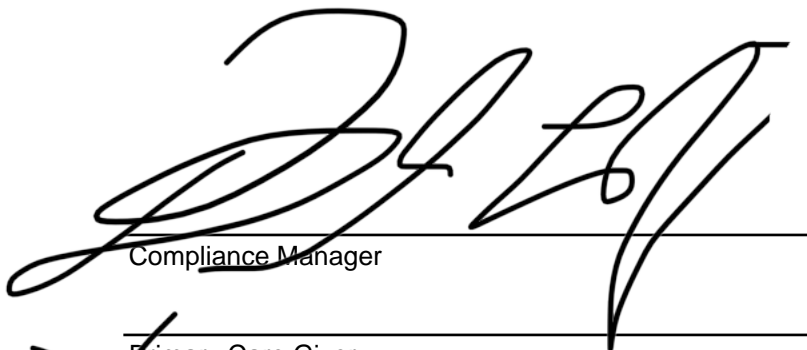
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

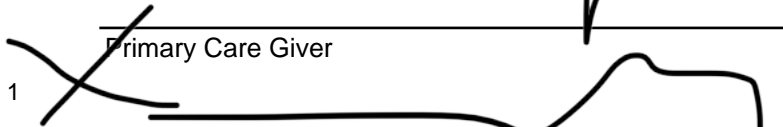
6.(d)(1)      Comply with all applicable requirements in this chapter; and

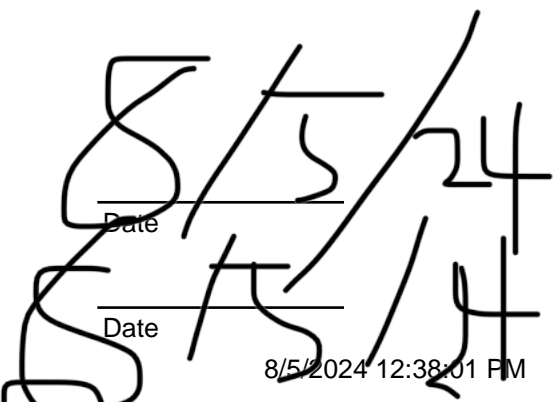
Comment:

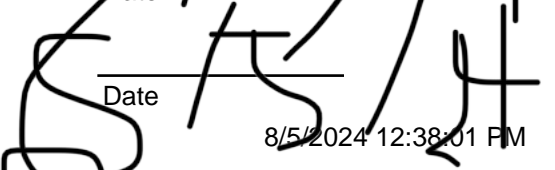
6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date