

# Foster Family Home - Deficiency Report

Provider ID: 1-100117

Home Name: Teodora Unciano, NA

Review ID: 1-100117-18

94-471 Hiapaiole Loop

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 9/29/2025

## 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 for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/29/2025.

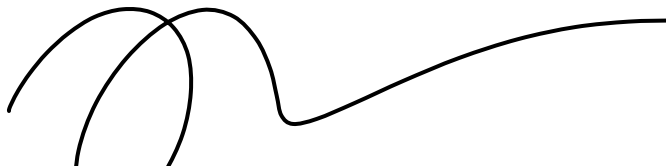
Please note: Deficiencies identified as repeat violations from a previous inspection requires that you identify a new prevention strategy from ones attempted in the past, to ensure compliance moving forward.

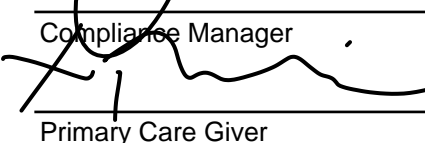
## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form F, G, or H for CG# 3 & 4.

  
\_\_\_\_\_  
Compliance Manager

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

09/29/2025

\_\_\_\_\_  
Date

09/29/2025

\_\_\_\_\_  
Date