

Foster Family Home - Deficiency Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

Review ID: 1-563751-20

94-1067 Kuhaulua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 6/8/2026

Foster Family Home	Required Certificate	[11-800-6]
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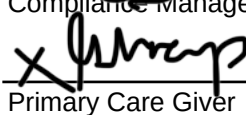
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

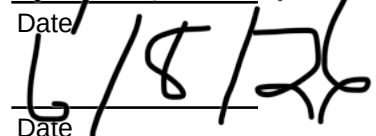
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date