

Foster Family Home - Deficiency Report

Provider ID: 1-240047

Home Name: Imelda Balcobero, NA

Review ID: 1-240047-5

94-735 Kuhaulua Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 5/18/2026

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

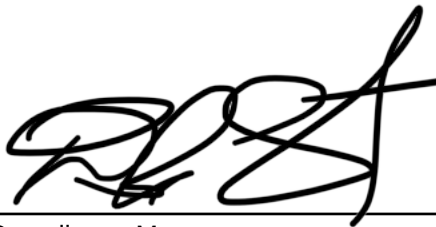
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

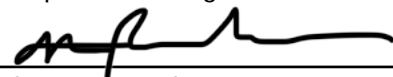
6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

:



Compliance Manager



Primary Care Giver

5/18/26
Date

5/18/26
Date