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 — Date: 5/18/26

Primary Care Giver — Date: 5/18/26