

Foster Family Home - Deficiency Report

Provider ID: 4-170048

Home Name: Judy Lapuebla, NA

Review ID: 4-170048-16

5 Puakala Place

Reviewer: David Ayling

Kahului HI 96732

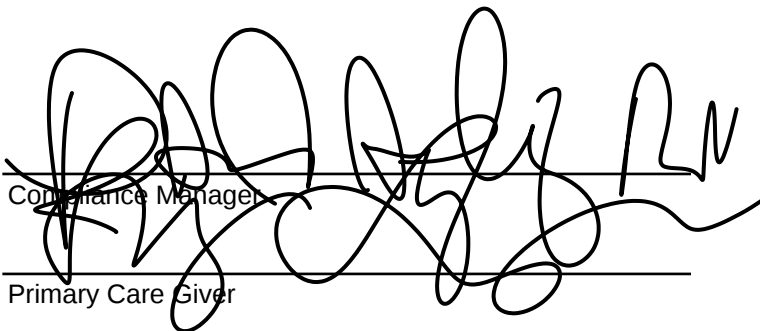
Begin Date: 5/26/2026

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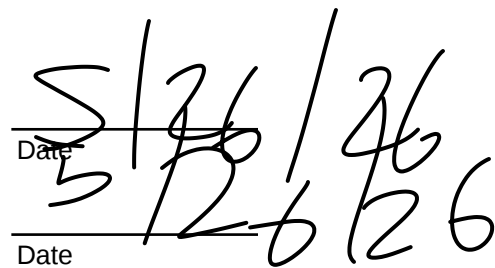
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Currently has no clients. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager

Primary Care Giver


Date

Date