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]**

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

Date 5/26/26

Primary Care Giver

Date 5/26/26