# Foster Family Home - Deficiency Report

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|---|---|---|---|
| **Provider ID:** | **1-120048** | | |
| **Home Name:** | **Maria Tabladillo, CNA** | **Review ID:** | **1-120048-20** |
| 94-483 Opeha Street | | Reviewer: | Laurie Vosler |
| Waipahu HI 96797 | | Begin Date: | 5/19/2026 |

**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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection.

**Foster Family Home** **Personnel and Staffing** **[11-800-41]**

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2) Lapse for CNA prometric registry check, expired 02/28/2026.

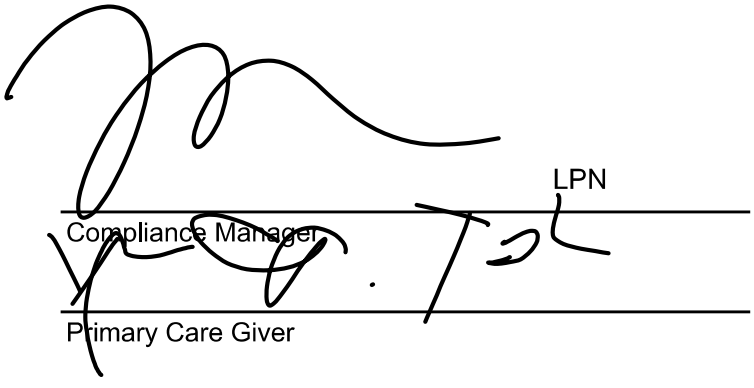
**Foster Family Home** **Records** **[11-800-54]**

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c),54(c)(2) No current service plan present for Client# X. Last one in record is dated 09/13/2025.



LPN

Compliance Manager

05/19/2026
Date

05/19/2026
Date

Primary Care Giver



5/19/2026 2:16:24 PM