

Foster Family Home - Deficiency Report

Provider ID: 1-180023

Home Name: Jennifer Dulay, CNA

Review ID: 1-180023-7

45-413 Ihilani Street

Reviewer: Adrienne Kolo

Kaneohe

HI 96744

Begin Date: 2/22/2022

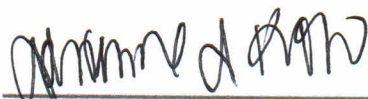
Foster Family Home Required Certificate

[11-800-6]

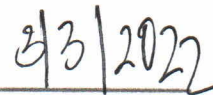
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

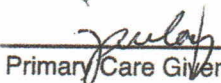
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager



Date



Primary Care Giver



Date