

Foster Family Home - Deficiency Report

Provider ID: 1-000072

Home Name: Arlene Bosas, CNA

Review ID: 1-000072-10

1585 Laulani Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 4/18/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine 4/18/22

Compliance Manager

Date

Arlene Bosas
Primary Care Giver

Date

4/18/22