

Foster Family Home - Deficiency Report

Provider ID: 1-120022

Home Name: Jinalyn Bulosan, CNA

Review ID: 1-120022-15

91-804 Apoke Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/5/2022

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 made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Compliance Manager

Primary Care Giver

Date

Date

10/5/22

10/5/22