

# Foster Family Home - Deficiency Report

Provider ID: 1-220072

Home Name: Charmiene Jucutan-Bolosan,  
NA

Review ID: 1-220072-1

94-1035 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

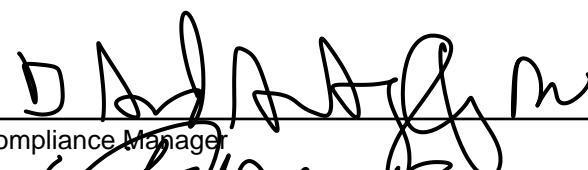
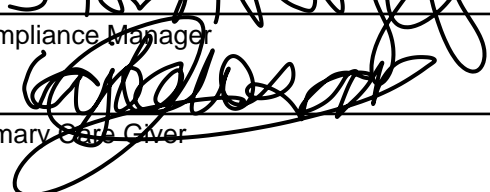
Begin Date: 10/28/2022

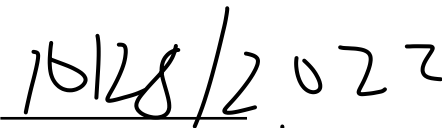
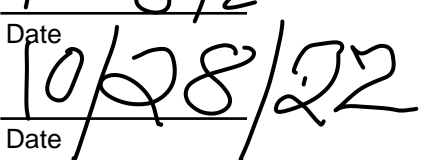
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date