

Foster Family Home - Deficiency Report

Provider ID: 1-594045

Home Name: Marizel Bolosan, CNA

Review ID: 1-594045-13

98-1524 Hoomahie Loop

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/21/2022

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 3-bed certification.

Maribel Nakamine, RW 11/21/22
Compliance Manager Date
Marizel Bolosan 11/21/22
Primary Care Giver Date