

# Foster Family Home - Deficiency Report

Provider ID: 1-000072

Home Name: Arlene Bosas, CNA

Review ID: 1-000072-12

1585 Laulani Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 3/29/2023

Foster Family Home


Required Certificate

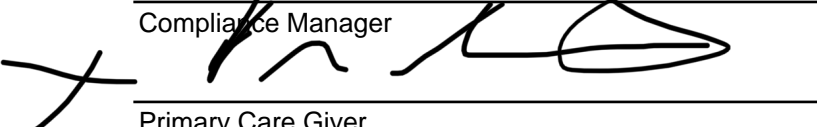
[11-800-6]

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

Comment:

6.d.1- Home visit made for a 2-bed annual inspection.  
CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/29/23  
\_\_\_\_\_  
Date

3/29/23  
\_\_\_\_\_  
Date