

# Foster Family Home - Deficiency Report

Provider ID: 1-180023

Home Name: Jennifer Dulay, CNA

Review ID: 1-180023-10

45-504 Koolau View Drive

Reviewer: Deborah Baumgart

Kaneohe HI 96744

Begin Date: 2/22/2023

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

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

Comment:

6(d)(1) Unannounced visit made for a 3-bed annual inspection. CCFFH met all requirements at the time of inspection.

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

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

2/22/23  
\_\_\_\_\_  
Date

2/23/23  
\_\_\_\_\_  
Date