

Foster Family Home - Deficiency Report

Provider ID: 1-230023

Home Name: Rofelia Julian, CNA

Review ID: 1-230023-1

94-770 Kaaholo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/30/2023

Foster Family Home


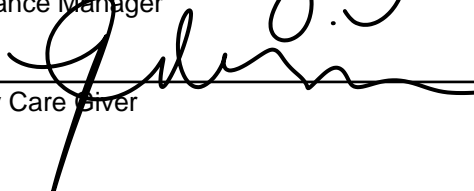
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home 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

3/30/2023
Date
3/30/23
Date
3/30/2023 12:24:06 PM