

Foster Family Home - Deficiency Report

Provider ID: 1-559099

Home Name: Janeth Dulig, CNA

Review ID: 1-559099-13

45-626 Halelo Place

Reviewer: Deborah Baumgart

Kaneohe

HI 96744

Begin Date: 6/27/2023

Foster Family Home


Required Certificate

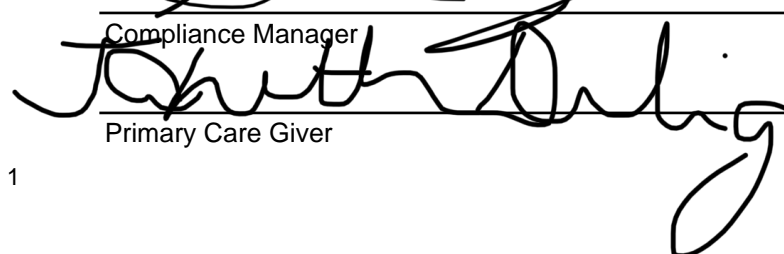
[11-800-6]

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

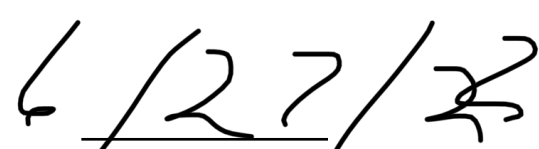
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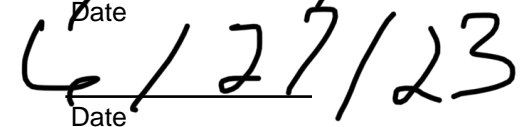
6.d.1- Unannounced visit made for a 2-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date