

Foster Family Home - Deficiency Report

Provider ID: 1-120022

Home Name: Jinalyn Bulosan, CNA

Review ID: 1-120022-17

91-804 Apoke Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 10/24/2023


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 the inspection.



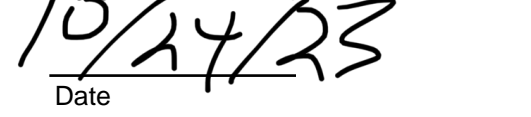
Compliance Manager



Primary Care Giver



Date



Date