

# Foster Family Home - Deficiency Report

Provider ID: 1-230083

Home Name: Veronica Bolosan, CNA

Review ID: 1-230083-1

2004 Ano Lane

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 11/27/2023

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.

 RN

Compliance Manager



Primary Care Giver

Date

Date

11/27/2023 2:45:28 PM