

Foster Family Home - Deficiency Report

Provider ID: 1-628745

Home Name: Michelle Bolibol, CNA

Review ID: 1-628745-14

94-108 Palai Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/24/2024


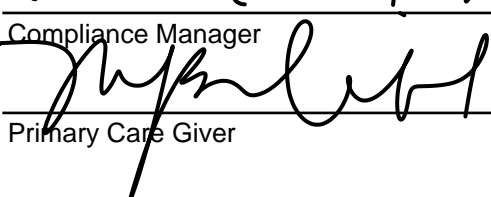
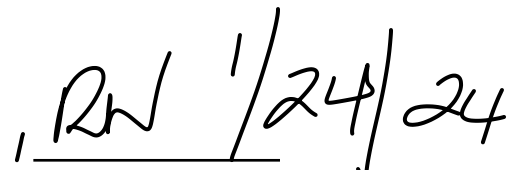
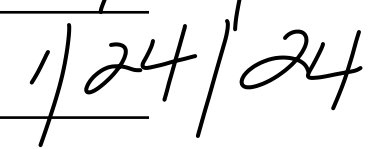
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

 _____ Compliance Manager	 _____ Primary Care Giver	 _____ Date 1/24/24	 _____ Date 1/24/24
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