

# Foster Family Home - Deficiency Report

Provider ID: 4-230084

Home Name: Joelita Ucol, CNA

Review ID: 4-230084-2

17 Hoomoku Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 2/21/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

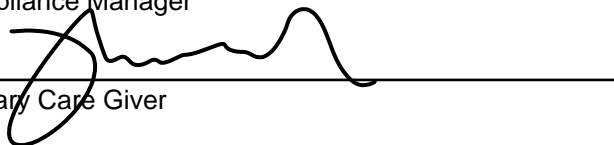
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



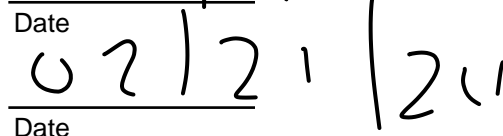
Compliance Manager



Primary Care Giver



Date



Date