

Foster Family Home - Deficiency Report

Provider ID: 1-220072

Home Name: Charmiene Jucutan-Bolosan,
NA

Review ID: 1-220072-5

94-1035 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/2/2024

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

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

Comment:

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

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN
Compliance Manager
Charmiene Bolosan
Primary Care Giver

7/2/24
Date
7/2/24
Date