

# Foster Family Home - Deficiency Report

Provider ID: 1-230083

Home Name: Veronica Bolosan, CNA

Review ID: 1-230083-3

2004 Ano Lane

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 7/24/2024

Foster Family Home


Required Certificate


[11-800-6]

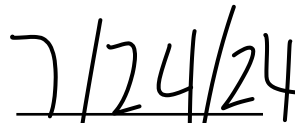
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date