

# Foster Family Home - Deficiency Report

Provider ID: 1-240063

Home Name: Caroline Ulep, CNA

Review ID: 1-240063-1

1621 Kaunoli Street

Reviewer: David Ayling

Pearl City HI 96782

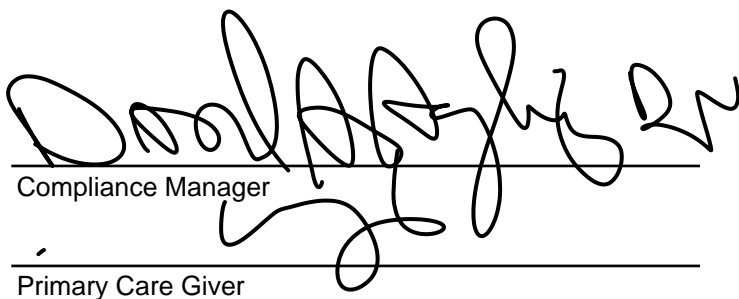
Begin Date: 9/5/2024

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

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

Comment:

6.(d)(1) - 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.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

9/5/2024  
\_\_\_\_\_  
Date  
9/5/2024  
\_\_\_\_\_  
Date