

Foster Family Home - Deficiency Report

Provider ID: 1-559099

Home Name: Janeth Dulig, CNA

Review ID: 1-559099-17

45-626 Halelo Place

Reviewer: Po Lim

Kaneohe HI 96744

Begin Date: 8/5/2025

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 re-certification inspection.

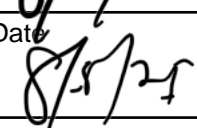
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Janeth Dulig
Primary Care Giver



Date


Date