

Foster Family Home - Deficiency Report

Provider ID: 1-220072

Home Name: Charmiene Jucutan-Bolosan,
NA

Review ID: 1-220072-7

94-1035 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/19/2025

Foster Family Home


Required Certificate

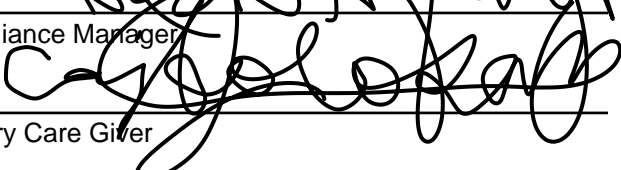
[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

8/19/2025
Date

8/19/25
Date