Foster Family Home - Deficiency Report

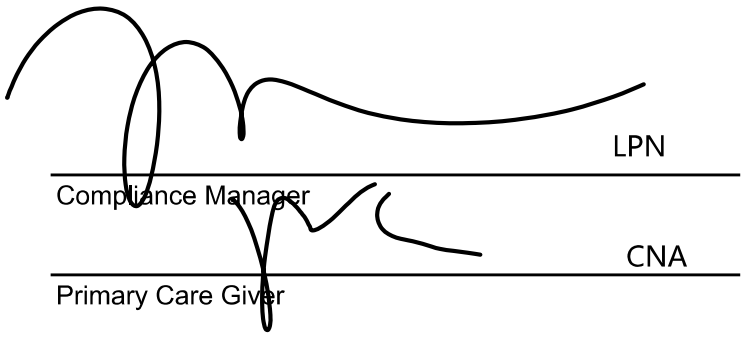
Provider ID:	**1-260006**		
Home Name:	**Joy Bulan, CNA**	**Review ID:**	**1-260006-1**
94-319 Honowai Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	2/26/2026

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

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

Comment:

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



LPN

Compliance Manager

02/26/2026

Date

CNA

Primary Care Giver

02/26/2026

Date