

Foster Family Home - Corrective Action Report

Provider ID: 1-509432

Home Name: Dominador Balinbin, CNA

94-1034 Paiwa Place

Waipahu

HI 96797

Review ID: 1-509432-4

Reviewer:

Begin Date: 3/19/2015

End Date:

3/19/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)

Review for recertification. PCG changed to a two client home during review. All items present during time of review.



Compliance Manager

Dominador A. Balinbin
Primary Care Giver

3/20/15
Date
3/20/2015
Date