

# Foster Family Home - Corrective Action Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-2

1036 Pulaa Lane

Reviewer:

Honolulu HI 96819

Begin Date: 3/9/2015

End Date: 3/9/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 3/9/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date