

Foster Family Home - Corrective Action Report

Provider ID: 1-562539

Home Name: Magdalena Baloran, CNA

1512 Meyers Street

Honolulu HI 96819

Review ID: 1-562539-3

Reviewer:

Begin Date: 8/5/2015

End Date: 8/5/15

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 2 person recertification review made on 8/5/15.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Primary Care Giver

8/5/15
Date

8/5/15
Date