

Foster Family Home - Corrective Action Report

Provider ID: 1-140044

Home Name: Maricel Ballares, NA

Review ID: 1-140044-2

94-877 Lumiiki Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/6/2015

End Date: 5/6/15

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 5/6/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.



Compliance Manager

Mallory

Primary Care Giver

5/6/15

Date

5/6/15

Date