

Foster Family Home - Corrective Action Report

Provider ID: 1-562662

Home Name: Leslie Ann Ballesteros, CNA

Review ID: 1-562662-3

98-131 Kaluamoi Place

Reviewer:

Pearl City HI 96782

Begin Date: 2/16/2016

End Date: 2/16/16

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 2/16/16.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

lm

Primary Care Giver

Date

2/16/16

Date