

# Foster Family Home - Corrective Action Report

Provider ID: 1-560963

Home Name: Ruby Balantac, RN

Review ID: 1-560963-3

94-1014 Halekapio Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/13/2016

End Date: 6/24/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit [REDACTED]. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Primary Care Giver

Date

Date

6/13/2016