

# Foster Family Home - Corrective Action Report

Provider ID: 1-140044

Home Name: Maricel Ballares, NA

Review ID: 1-140044-3

94-877 Lumiiki Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 5/10/2017

End Date: 5/10/2017

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 made on 5/10/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

\_\_\_\_\_  
Compliance Manager

*M Ballares*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*5-10-17*

\_\_\_\_\_  
Date