

Foster Family Home - Corrective Action Report

Provider ID: 1-150010

Home Name: Venus Balinbin, CNA

Review ID: 1-150010-4

94-1034 Paiwa Place

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 5/5/2017

End Date: 5/5/17

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 CCFFH recertification review made on 5/5/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Venus Directo Balinbin

Primary Care Giver

Date

5/5/17

Date