

Foster Family Home - Corrective Action Report

Provider ID: 1-160039

Home Name: Vi Balantac, RN

Review ID: 1-160039-2

94-1035 Lumiaina St.

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/6/2017

End Date: 4/6/17

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 2 person CCFFH recertification review made on 4/6/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date

4.16.17