

# Foster Family Home - Corrective Action Report

Provider ID: 1-562539

Home Name: Magdalena Baloran, CNA

Review ID: 1-562539-4

1512 Meyers Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 8/14/2017

End Date:

8/14/17

Foster Family Home

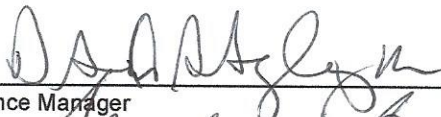
Required Certificate

[17-1454-6]

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

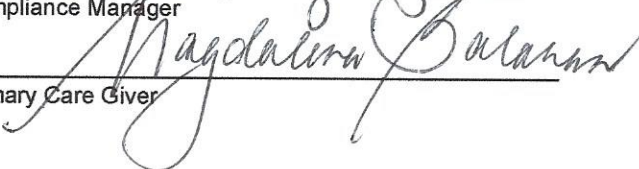
Comment:

Home visit for a 2 person CCFFH recertification review made on 8/14/17. PCG requests to increase to a 3 client CCFFH. Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

  
Compliance Manager

Date

8/14/17

  
Primary Care Giver

Date

8/14/17