

Foster Family Home - Corrective Action Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-6

94-817 Hohiu Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 10/25/2017

End Date: 10/25/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a 3 client CCFFH recertification survey. Home is in compliance with all requirements. Home will receive a 2 year 3 client certificate.

Carrie Wakai (RW)
Compliance Manager

10-25-2017
Date

Rosalina E. Balmilero
Primary Care Giver

10-25-2017
Date