

Foster Family Home - Corrective Action Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-4

1036 Pulaa Lane

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 2/28/2018

End Date: 2/28/18

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 2/28/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A Ayling RV
Compliance Manager

2/28/18
Date

Edelyn Baltazar
Primary Care Giver

2/28/18
Date