

Foster Family Home - Corrective Action Report

Provider ID: 1-562662

Home Name: Leslie Ann Ballesteros, CNA

Review ID: 1-562662-4

98-131 Kaluamoi Place

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 2/14/2018

End Date: 2/14/18

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 2/14/18.

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

Compliance Manager

DA

Primary Care Giver

Date

2/14/18

Date

2/14/2018