

Foster Family Home - Corrective Action Report

Provider ID: 1-560963

Home Name: Ruby Balantac, RN

Review ID: 1-560963-5

94-1014 Halekapio Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/12/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/12/19.

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


Compliance Manager


Primary Care Giver

6/12/19
Date

6/12/19
Date