

Foster Family Home - Corrective Action Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-5

1036 Pulaa Lane

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 3/4/2020

Foster Family Home Required Certificate

[11-800-6]


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

Comment:

6.(d)(1)- Home visit for a 3 person CCFFH recertification review made on 3/4/2020. Home in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

3/4/2020
Date

3/14/2020
Date