

Foster Family Home - Corrective Action Report

Provider ID: 1-200029

Home Name: Arnie O Ballares, NA

Review ID: 1-200029-1

94-852 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/20/2020

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 inspection for a new 2 person CCFFH certification. Home will receive a 2 bed certification.

DA A Ayling
Compliance Manager

ARNIE O. BALLARES
Primary Care Giver

7/20/2020
Date

7/20/2020
Date