

Foster Family Home - Corrective Action Report

Provider ID: 1-180083

Home Name: Cherille Balagat, LPN

99-919 Lalawai Drive

Aiea

HI 96701

Review ID: 1-180083-4

Reviewer: Julie Hastings

Begin Date: 9/9/2020

Foster Family Home

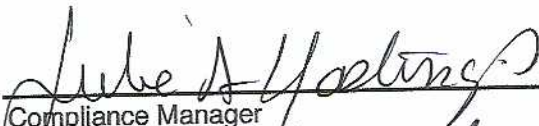
Required Certificate

[11-800-6]

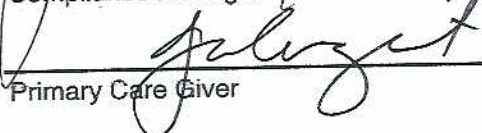
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

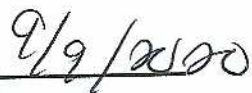
6.(d)(1)-Annual inspection conducted for this 3 bed home.
Home is in compliance with all reviewed HARS
Home is increasing to 3 clients



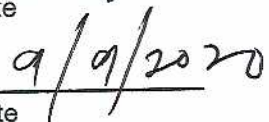
Compliance Manager



Primary Care Giver



Date



Date