

Foster Family Home - Corrective Action Report

Provider ID: 1-180028

Home Name: Gemma Balantac, CNA

Review ID: 1-180028-3

1417C Middle Street

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 5/27/2020

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 made on 5/27/2020 for 2bed recertification review. Home in compliance with all regulations. Home will receive a 2 bed certification.


Compliance Manager

Gemma M. Balantac
Primary Care Giver

5/27/20
Date

5/27/20
Date