

Foster Family Home - Corrective Action Report

Provider ID: 1-200029

Home Name: Arnie O. Ballares, NA

Review ID: 1-200029-3

94-852 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/11/2021

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

Maribel Nakamine, CW *5/11/2021*

Compliance Manager

Date

Arnie Ballares

5/11/2021

Primary Care Giver

Date