

Foster Family Home - Corrective Action Report

Provider ID: 1-120036

Home Name: Helen Balila, CNA

Review ID: 1-120036-13

4019 Maunaloa Avenue

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 3/5/2021

Foster Family Home

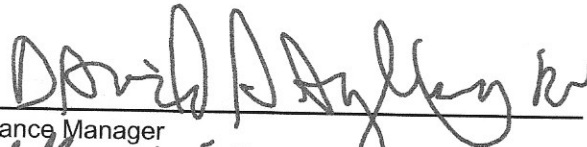
Required Certificate

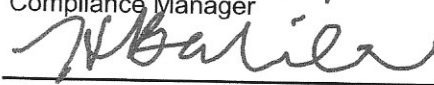
[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date