

# Foster Family Home - Corrective Action Report

Provider ID: 1-562662

Home Name: Leslie Ann Ballesteros, CNA

Review ID: 1-562662-7

98-131 Kaluamoi Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/27/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Annual inspection for a 3 person CCFFH completed.

No deficiencies found.

*Maribel Nakamine*

Compliance Manager

*[Signature]*

Primary Care Giver

*M 2/27/2021*

Date

*2/27/2021*

Date