

Foster Family Home - Deficiency Report

Provider ID: 1-180083

Home Name: Cherille Balagat, LPN

Review ID: 1-180083-6

99-919 Lalawai Drive

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/8/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

9/8/2021

Date

9/8/2021

Date