

Foster Family Home - Deficiency Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-9

1036 Pulaa Lane

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 3/15/2022

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, MS 3/15/22
Compliance Manager Date
Edelyn Baltazar 3/15/22
Primary Care Giver Date