

Foster Family Home - Deficiency Report

Provider ID: 1-560971

Home Name: Julie Balon, CNA

Review ID: 1-560971-12

94-363A Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/22/2022

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, CW 2/22/22

Compliance Manager

Date

J Balon

2/22/22

Primary Care Giver

Date