

Foster Family Home - Deficiency Report

Provider ID: 1-200029

Home Name: Arnie O. Ballares, NA

Review ID: 1-200029-5

94-852 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/29/2022

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 annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



Compliance Manager



Primary Caregiver

Date

Date

Re 3/29/22
3/29/22