

Foster Family Home - Deficiency Report

Provider ID: 1-180028

Home Name: Gemma Balantac, CNA

Review ID: 1-180028-7

1417C Middle Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 4/6/2022

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 2-bed certification.

Maribel Nakamine, 4/6/22

Compliance Manager

Gemma M. Balantac

Primary Care Giver

Date

4/6/22

Date