

Foster Family Home - Deficiency Report

Provider ID: 1-220019

Home Name: Aloha Baliscao, CNA

Review ID: 1-220019-1

94-440 Opeha Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/3/2022

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

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

Comment:

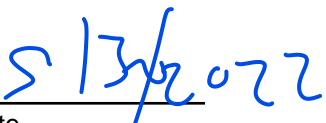
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection.
Home will receive a 2-bed certification.



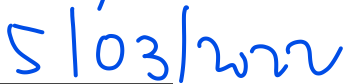
Compliance Manager



Primary Care Giver



Date



Date