

Foster Family Home - Deficiency Report

Provider ID: 1-220029

Home Name: Chelita Ballesteros, NA

Review ID: 1-220029-1

94-294 Kahuawai Street

Reviewer: David Ayling

Waipahu HI 96797

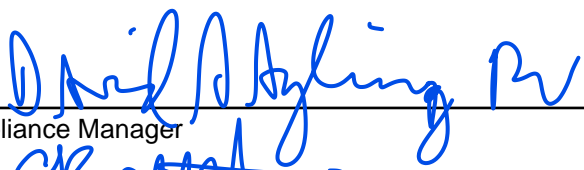
Begin Date: 5/10/2022

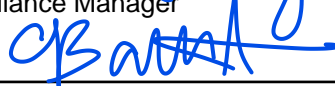
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

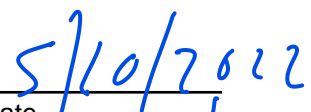
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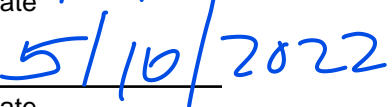
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date