

# Foster Family Home - Deficiency Report

Provider ID: 1-150010

Home Name: Venus Balinbin, CNA

Review ID: 1-150010-10

94-1034 Paiwa Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/20/2022

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

Comment:

6(d)(1) Unannounced recertification [REDACTED] made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Signature of Compliance Manager  
Signature of Primary Care Giver

6/20/22  
Date  
6/20/22  
Date