

Foster Family Home - Deficiency Report

Provider ID: 1-562539

Home Name: Magdalena Baloran, CNA

Review ID: 1-562539-12

1512 Meyers Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 7/14/2022

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 made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Compliance Manager

Primary Care Giver

Date

Date