

Foster Family Home - Deficiency Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-13

94-817 Hohiu Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/29/2022

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 annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



Compliance Manager

Primary Care Giver

9/29/22

Date

9/29/22

Date