

Foster Family Home - Deficiency Report

Provider ID: 1-180083

Home Name: Cherille Balagat, LPN

Review ID: 1-180083-8

99-919 Lalawai Drive

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/27/2022

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 completed. CCFFH is in compliance with all requirements.



Compliance Manager Date 9/27/22



Primary Care Giver Date 9/27/22