

Foster Family Home - Deficiency Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

Review ID: 1-130036-13

94-857 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/12/2022



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 annual inspection conducted. No deficiencies noted.

CCFFH is in compliance with all requirements.

		12/12/22
Compliance Manager	Primary Care Giver	Date
		12/12/22
		Date