## Foster Family Home - Deficiency Report

Provider ID: 1-210057

Home Name: Mawicelica Balisacan, NA Review ID: 1-210057-5

94-941 Kuhaulua Street Reviewer: Jackie Chamberlain

Waipahu HI 96797 Begin Date: 3/23/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

COMPINATE MAIN

Primary Care diver

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