

# Foster Family Home - Deficiency Report

Provider ID: 1-220031

Home Name: Verona Balais, NA

Review ID: 1-220031-3

92-574 Ualehei Street

Reviewer: Po Lim

Kapolei HI 96707

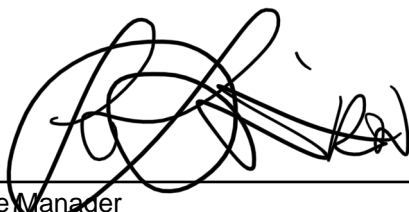
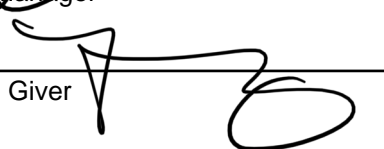
Begin Date: 1/5/2023

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

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

Comment:

6(d)(1) Unannounced recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

1/5/2023  
\_\_\_\_\_  
Date  
1/5/2023  
\_\_\_\_\_  
Date