

# Foster Family Home - Deficiency Report

Provider ID: 1-160039

Home Name: Vi Balantac, RN

Review ID: 1-160039-11

94-1035 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/3/2023

**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 visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of the inspection.

*Maribel Nakamine*, *Rev 2/3/23*  
\_\_\_\_\_  
Compliance Manager      Date  
*M Balantac*      *2/3/23*  
\_\_\_\_\_  
Primary Care Giver      Date