

# Foster Family Home - Deficiency Report

Provider ID: 1-562539

Home Name: Magdalena Baloran, CNA

Review ID: 1-562539-14

1512 Meyers Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 7/31/2023

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection



Compliance Manager

Primary Care Giver



Date

Date