

Foster Family Home - Deficiency Report

Provider ID: 1-180083

Home Name: Cherille Balagat, LPN

Review ID: 1-180083-10

99-919 Lalawai Drive

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 8/21/2023

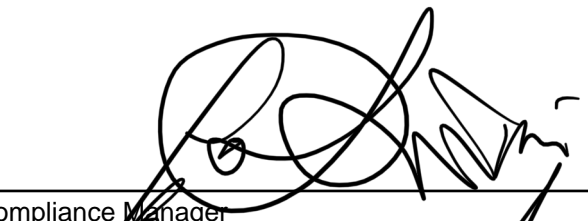
Foster Family Home **Required Certificate** **[11-800-6]**

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


Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

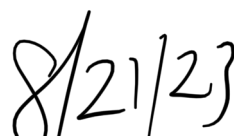
CCFFH met all requirements at the time of the inspection.



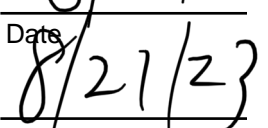
Compliance Manager



Primary Care Giver



Date



Date