

Foster Family Home - Deficiency Report

Provider ID: 1-210004

Home Name: Diana Rose Ballares, CNA

Review ID: 1-210004-7

94-881 Kuhaulua Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 10/11/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

David A. Ayling RN
Compliance Manager
Diana Rose Ballares
Primary Care Giver

10/11/2023
Date
10/11/2023
Date