

Foster Family Home - Deficiency Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-15

94-817 Hohiu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/20/2023

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 inspection.

Maribel Nakamine, RN 9/20/23
Compliance Manager Date
Rosalina Balmilero 9/20/23
Primary Care Giver Date