

Foster Family Home - Deficiency Report

Provider ID: 1-220019

Home Name: Aloha Baliscao, CNA

Review ID: 1-220019-5

94-440 Opeha Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 1/25/2024

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 1/25/24
Compliance Manager
Aloha Baliscao
Primary Care Giver
Date 1/25/24
Date