

Foster Family Home - Deficiency Report

Provider ID: 1-220031

Home Name: Verona Balais, NA

Review ID: 1-220031-5

92-574 Ualehei Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 1/9/2024

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

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

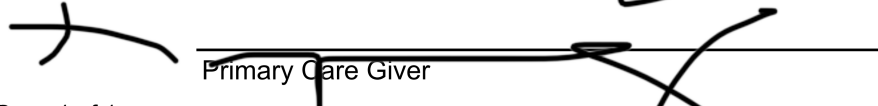
Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

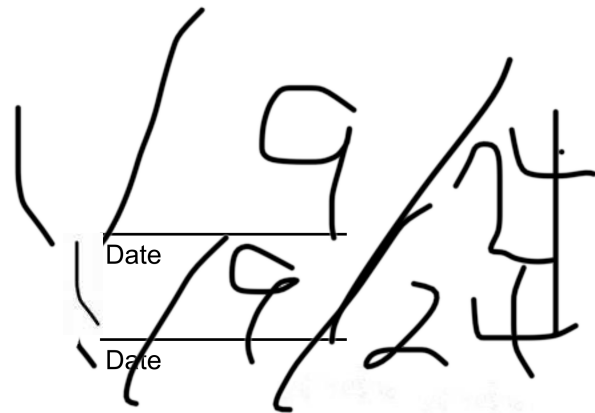
CCFFH met all requirements at the time of the inspection.



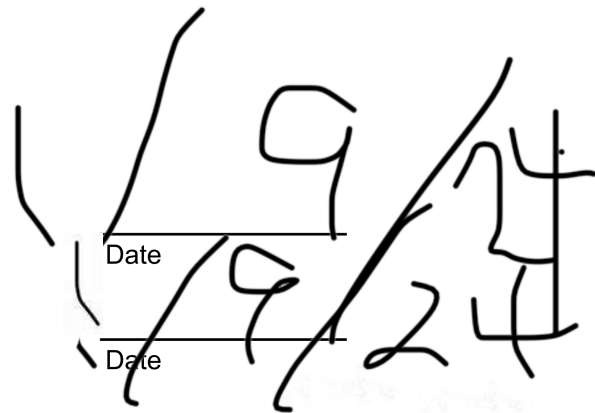
Compliance Manager



Primary Care Giver



Date



Date