

Foster Family Home - Deficiency Report

Provider ID: 1-220029

Home Name: Chelita Ballesteros, NA

Review ID: 1-220029-6

94-248 Pupukahi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/30/2024

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.

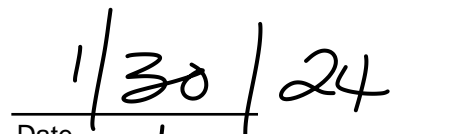
CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver



Date



Date