Foster Family Home - Deficiency Report					
Provider ID:	1-180028				
Home Name:	Gemma Bal	antac, CNA	Review ID:	1-180028-12	
2018 Pacheco Street			Reviewer:	Ryan Nakamua	
Honolulu	F	I 96819	Begin Date:	2/22/2024	
Foster Family Home Required Certificat		ificate	[11-800-6]		
6.(d)(1) Comply with all applicable requirements in this chapter; and					

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Date Mance Manager heart Comp 2 へ 5 Primary Care Giver Date

2/22/2024 11:17:04 AM

Comment: