

Foster Family Home - Deficiency Report

Provider ID: 1-180083

Home Name: Cherille Balagat, LPN

Review ID: 1-180083-12

99-919 Lalawai Drive

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 8/19/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

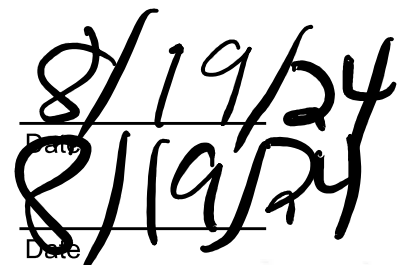
6.d.1- Unannounced visit made for a 2-bed annual inspection.

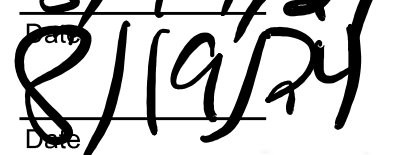
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date