

# Foster Family Home - Deficiency Report

Provider ID: 1-562539

Home Name: Magdalena Baloran, CNA

Review ID: 1-562539-16

1512 Meyers Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 6/17/2024

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date

Date