

Foster Family Home - Deficiency Report

Provider ID: 2-170080

Home Name: Mary Ann Balanay, CNA

Review ID: 2-170080-13

81-1989 Haku Nui Road

Reviewer: David Ayling

Captain Cook HI 96704

Begin Date: 8/13/2024

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A. Ayling 8/13/2024
Compliance Manager Date
[Signature] 8-13-2024
Primary Care Giver Date