

Foster Family Home - Deficiency Report

Provider ID: 1-250044

Home Name: Maria Theresa Balubar, CNA

Review ID: 1-250044-1

94-349 Ikepono Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/22/2025

Foster Family Home

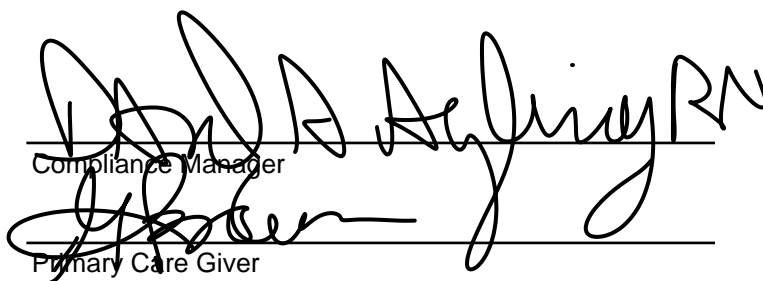
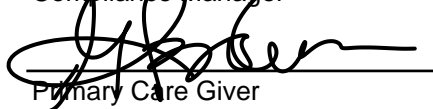
Required Certificate

[11-800-6]

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

Comment:

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


Compliance Manager

Primary Care Giver

7/22/2025
Date
7/22/2025
Date