

# Foster Family Home - Deficiency Report

Provider ID: 1-250060

Home Name: Justin Jacob Balete, CNA  
94-513 Hiahia Loop  
Waipahu HI 96797

Review ID: 1-250060-1  
Reviewer: David Ayling  
Begin Date: 9/4/2025

**Foster Family Home**

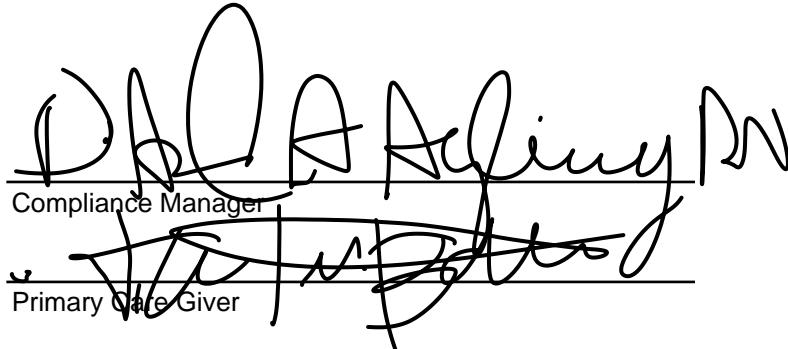
**Required Certificate**

**[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

9/4/2025  
Date  
9/4/2025  
Date  
9/4/2025  
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