

Foster Family Home - Corrective Action Report

Provider ID: 4-120064

Home Name: Roman Queja, CNA

58 East Kauai Street

Kahului HI 96732

Review ID: 4-120064-4

Reviewer: [REDACTED]

Begin Date: 8/27/2015

End Date: 8/27/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit on 8/27/2014 for recertification of 2 bed home changing to 3 bed home. All requirements met at time of review. Home eligible for 1 year 3 bed home.

[REDACTED] knmsn
Compliance Manager

8/27/15
Date

Roman A. Queja
Primary Care Giver

8-27-15
Date

390