

Foster Family Home - Corrective Action Report

Provider ID: 1-150068

Home Name: Florimar Jay Miyat, CNA

Review ID: 1-150068-1

1352 Anapa St.

Reviewer:

Honolulu HI 96818

Begin Date: 10/29/2015

End Date: 10/29/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) The NEW Home visit made on 10/29/2015 for a 2-bed certification. No corrective action report issued during the NEW Home visit.

6 (d)(1) see applicable sections of this review.

Compliance Manager

Primary Care Giver

10/29/2015
Date

10/29/2015
Date