

Foster Family Home - Corrective Action Report

Provider ID: 1-100062

Home Name: Karen Yamashita, RN

99-701 Kealaluina Drive

Aiea HI 96701

Review ID: 1-100062-2

Reviewer:

Begin Date: 4/23/2015

End Date: 4/23/15

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

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

Comment:

Home visit for a 3 person recertification review made on 4/23/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Karen Yamashita
Primary Care Giver

4/23/15
Date

4/23/15
Date