

Foster Family Home - Corrective Action Report

Provider ID: 1-616815

Home Name: Catherine Edades, CNA

Review ID: 1-616815-7

3454 Likini St

Reviewer:

Honolulu HI 96818

Begin Date: 3/22/2016

End Date: 3/22/16

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 [REDACTED]
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.