

Foster Family Home - Corrective Action Report

Provider ID: 1-562844

Home Name: Evangeline Billena, CNA

Review ID: 1-562844-3

94-404 Kuahui Street

Reviewer:

Waipahu

HI 96797

Begin Date: 7/28/2016

End Date: 7/28/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 7/28/16 for recertification of 3 bed home. All requirements in compliance at time of visit. Home eligible for 2 year 3 bed certificate.

Compliance Manager

Primary Care Giver

Date

Date