

Foster Family Home - Corrective Action Report

Provider ID: 1-150068

Home Name: Florimar Jay Miyat, CNA

Review ID: 1-150068-2

1352 Anapa St.

Reviewer:

Honolulu HI 96818

Begin Date: 8/10/2016

End Date: 8/10/16

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 2 person CCFFH recertification review made on 8/10/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date

8/10/16

Date