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Foster Family Home - Corrective Action Report

Provider ID: 1-090029
Home Name: Liberty Evangelista, CNA **Review ID:** 1-090029-4
 915 Uakanikoo St. **Reviewer:**
 Wahiawa HI 96786 **Begin Date:** 4/8/2016 **End Date:** 4/09/16

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

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

Comment:

Recertification visit for 2 client CCFFH [REDACTED], and request to change from 2 client to a 3 client CCFFH. No corrective action report issued during review.

