

Foster Family Home - Corrective Action Report

Provider ID: 1-090002

Home Name: Melody Yasay, CNA

Review ID: 1-090002-4

1303 Wawe Place

Reviewer:

Honolulu HI 96818

Begin Date: 6/22/2016

End Date: 6/22/16

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.