

Foster Family Home - Corrective Action Report

Provider ID: 1-562208

Home Name: Natyia Miyat, CNA

Review ID: 1-562208-3

1328 Anapa Street

Reviewer:

Honolulu

HI 96818

Begin Date: 8/1/2016

End Date: 8/21/2016

~~Foster Family Home~~

~~Required Certificate~~

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 8/1/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Darby M. Knight

Primary Care Giver

Date

8/1/16

Date