

# Foster Family Home - Corrective Action Report

Provider ID: 1-512253

Home Name: Lilibeth Badua, CNA

Review ID: 1-512253-3

4318 Laakea Street

Reviewer:

Honolulu

HI 96818

Begin Date: 8/25/2016

End Date:

8/25/16

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 CCFFH recertification review made on 8/25/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification

Compliance Manager

Lilibeth Badua  
Primary Care Giver

Date

8/25/16

Date