

Foster Family Home - Corrective Action Report

Provider ID: 1-610502

Home Name: Erlinda Kimura, RN

Review ID: 1-610502-4

17 Lihi Way

Reviewer:

Wahiawa HI 96786

Begin Date: 12/19/2016

End Date: 12/19/16

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 12/19/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Erlinda D. Kimura

Primary Care Giver

Date

12-19-16

Date