

Foster Family Home - Corrective Action Report

Provider ID: 1-631540

Home Name: Mila Vea, NA

Review ID: 1-631540-4

94-1176 Kahuahale Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/27/2016

End Date: 12/27/16

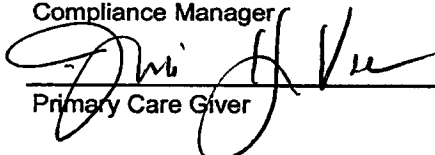
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

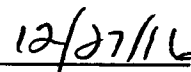
Home visit for a 2 person CCFFH recertification review made on 12/27/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date



Date