

Foster Family Home - Corrective Action Report

Provider ID: 1-140018

Home Name: Kayoko Miura, RN

Review ID: 1-140018-4

4475 Wahinekoa Place

Reviewer:

Honolulu HI 96821

Begin Date: 1/19/2017

End Date: 1/19/17

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 1/19/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date