

Foster Family Home - Corrective Action Report

Provider ID: 1-100062

Home Name: Karen Yamashita, RN

Review ID: 1-100062-3

99-701 Kealaluina Drive

Reviewer: [REDACTED]

Aiea HI 96701

Begin Date: 4/26/2017

End Date: 4/27/2017

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 4/26/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

K
Compliance Manager

Karen Yamashita
Primary Care Giver

Date

4/26/17

Date