

# Foster Family Home - Corrective Action Report

Provider ID: 4-120064

Home Name: Roman Queja, CNA

Review ID: 4-120064-6

58 East Kauai Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 8/29/2017

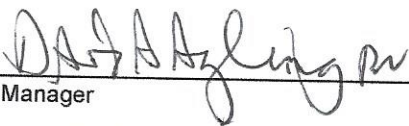
End Date: 8/29/17

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 8/29/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
\_\_\_\_\_  
Compliance Manager

8/29/17  
Date

  
\_\_\_\_\_  
Primary Care Giver

8.29.17  
Date