

# Foster Family Home - Corrective Action Report

Provider ID: 1-561010

Home Name: Imelda DeJesus, CNA

Review ID: 1-561010-4

91-824 Moneha Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 11/8/2017

End Date: 11/8/17

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 11/8/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling  
Compliance Manager

11/18/17  
Date

Imelda B. DeJesus  
Primary Care Giver

\_\_\_\_\_  
Date