

Foster Family Home - Corrective Action Report

Provider ID: 4-130063
Home Name: Carmelita Quemado, CNA
430 Puolo Place
Kahului HI 96732
Review ID: 4-130063-5
Reviewer: David Ayling
Begin Date: 12/21/2017
End Date: 12/21/17

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 12/21/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

DA Ayling RV
Compliance Manager
Quemado
Primary Care Giver

12/21/17
Date
12/21/17
Date