

Foster Family Home - Corrective Action Report

Provider ID: 1-565096

Home Name: Emy Lee, CNA

Review ID: 1-565096-4

94-428 Hamau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/12/2018

End Date: 7/12/18

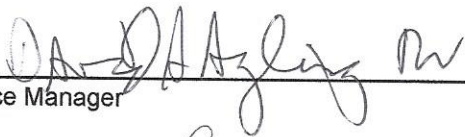
Foster Family Home **Required Certificate** **[17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

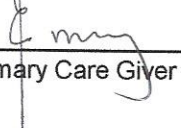
Comment:

Home visit for a 3 person CCFFH recertification review made on 7/12/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

7/12/18
Date

7/12/18
Date