

Foster Family Home - Corrective Action Report

Provider ID: 1-512782

Home Name: Eufrocina Ledda, RN

Review ID: 1-512782-5

1026 Kupau Street

Reviewer: Angelica Galindo

Kailua HI 96734

Begin Date: 7/24/2018

End Date: 7/24/18

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 2 person CCFFH recertification review made on 7/24/18.

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

Angelica Galindo, RN

Compliance Manager

Eufrocina A. Ledda

Primary Care Giver

7/24/18

Date

7/24/18

Date