

Foster Family Home - Corrective Action Report

Provider ID: 1-562844

Home Name: Evangeline Billena, CNA

Review ID: 1-562844-4

94-404 Kuahui Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/27/2018

End Date: 7/27/18

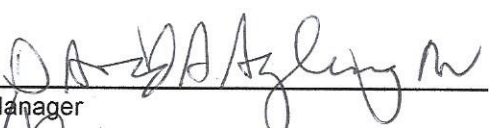
Foster Family Home Required Certificate

[17-1454-6]

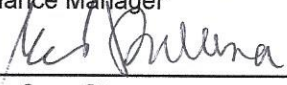
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 7/27/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

7/27/18
Date


Primary Care Giver

7/27/18
Date