

Foster Family Home - Corrective Action Report

Provider ID: 1-562208

Home Name: Natylia Miyat, CNA

Review ID: 1-562208-4

1328 Anapa Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 8/3/2018

End Date: 8/3/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification review made on 8/3/18.

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

Compliance Manager

Primary Care Giver

David Ayling

Natylia M. Miyat

Date

8/3/18

Date