Foster Family Home - Corrective Action Report

Provider ID: **5-130029**

Home Name: **Imelda Yadao, CNA** **Review ID:** **5-130029-8**

2900 Kanani Street Reviewer: David Ayling

Lihue HI 96766 Begin Date: 10/17/2018 End Date: 10/17/18

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 10/17/18.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager Date 10/17/18

Primary Care Giver Date 10/17/18

10/17/2018 23:30 PM