

# Foster Family Home - Corrective Action Report

Provider ID: 1-591380

Home Name: Maria Quiambao, CNA

Review ID: 1-591380-5

87-135 B Kaukamana Road

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 10/5/2018

End Date: 10/5/18

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 10/5/18. PCG requests to increase to a 3 client CCFFH.  
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

David A. Ayling per  
Compliance Manager

10/5/18  
Date

Maria Quiambao  
Primary Care Giver

10/5/18  
Date