

Foster Family Home - Corrective Action Report

Provider ID: 1-518433

Home Name: Myra Venegas, CNA

Review ID: 1-518433-9

1429 Kamehameha IV Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 10/1/2018

End Date:

10/01/18

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 10/01/18.

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



Compliance Manager

10/01/18

Date



Primary Care Giver

10-01-18

Date