

Foster Family Home - Corrective Action Report

Provider ID: 1-180072

Home Name: Evangeline Adams, CNA

Review ID: 1-180072-1

91-625 Kilaha Street, Apt. 33

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 12/10/2018

End Date: 12/12/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New applicant home inspection completed today. Home is compliant with all requirements and eligible for a 2 client certification.

Lori O'Keefe RN

Compliance Manager

E Adams

Primary Care Giver

12/10/18

Date

12-10/18

Date