

Foster Family Home - Corrective Action Report

Provider ID: 1-610502

Home Name: Erlinda Kimura, RN

Review ID: 1-610502-5

17 Lihi Way

Reviewer: Angelica Galindo

Wahiawa HI 96786

Begin Date: 1/7/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/07/2019.

6.(d)(1) - Home in compliance with all requirements

Angelica Galindo, RN

Compliance Manager

Erlinda I. Kimura

Primary Care Giver

1/07/19

Date

1/07/19

Date