

# Foster Family Home - Corrective Action Report

Provider ID: 1-579584

Home Name: Poblezita Villator, CNA

Review ID: 1-579584-5

91-941 Kalapu Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 4/5/2019


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

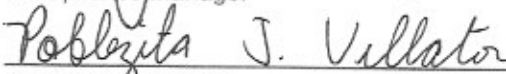
6.(d)(1) Comply with all applicable requirements in this chapter; and

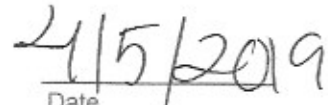
Comment:

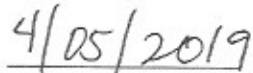
6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 4/5/19.

Home is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date