

Foster Family Home - Corrective Action Report

Provider ID: 1-190038

Home Name: Roxan Mae Okamoto, CNA

Review ID: 1-190038-1

1178 Lunahana Place

Reviewer: David Ayling

Kailua HI 96734

Begin Date: 8/9/2019

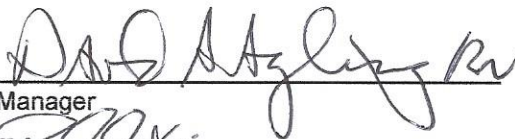
Foster Family Home Required Certificate [11-800-6]

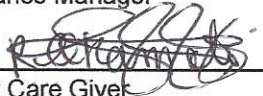
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 8/9/19.

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


Compliance Manager


Primary Care Giver

8/9/19
Date

8/9/19
Date