

# Foster Family Home - Corrective Action Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

Review ID: 1-622490-9

1840 Kamehameha IV Road

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 1/16/2020

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.  
Home will receive a 3 bed certification.

David A. Ayling RV  
Compliance Manager

Josefa Badua  
Primary Care Giver

1/16/20  
Date

1/16/20  
Date