

Foster Family Home - Corrective Action Report

Provider ID: 1-611914

Home Name: Ligaya Badua, CNA

1917 Hani Lane

Honolulu

HI 96819

Review ID: 1-611914-9

Reviewer: Julie Hastings

Begin Date: 1/7/2020

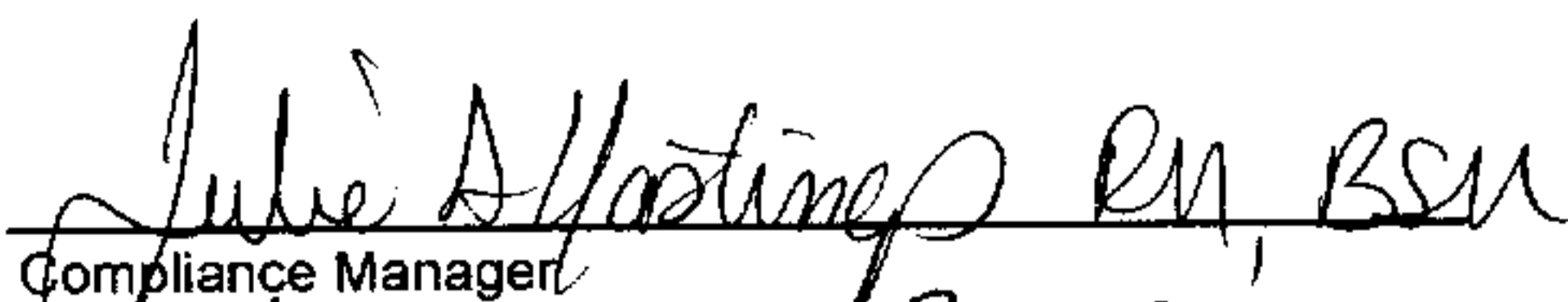
Foster Family Home Required Certificate [11-800-6]

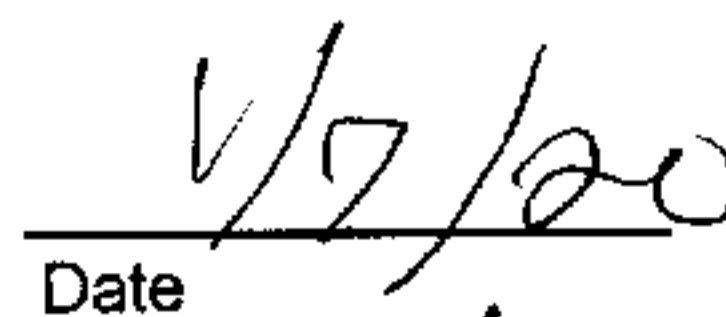
6.(d)(1) Comply with all applicable requirements in this chapter; and

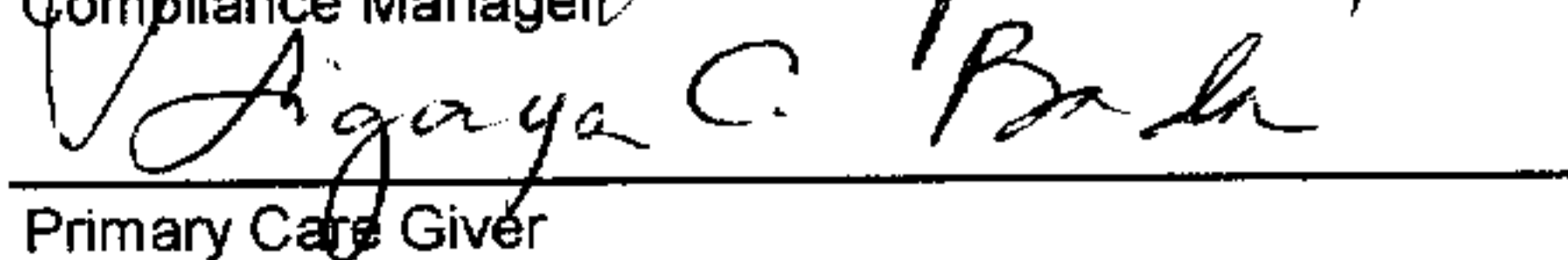
Comment:

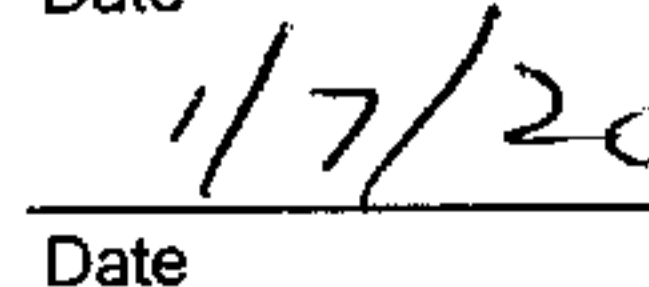
Home inspection completed for a new 2 person CCFFH certification.

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


Compliance Manager


Date


Primary Care Giver


Date