

Foster Family Home - Corrective Action Report

Provider ID: 4-180014

Home Name: Evelyn Queja, CNA

Review ID: 4-180014-4

61 Kaiemi Street

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 3/16/2020

Foster Family Home

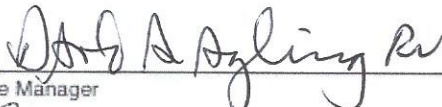
Required Certificate

[11-800-6]

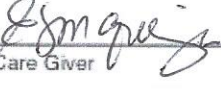
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFH recertification.
Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

3/16/2020
Date

3/16/2020
Date