

Foster Family Home - Corrective Action Report

Provider ID: 1-190059

Home Name: Anna Joyce Quiambao, CNA

Review ID: 1-190059-2

87-135 A Kaukamana Road

Reviewer: David Ayling

Waianae HI 96792

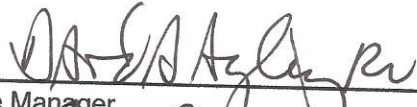
Begin Date: 5/6/2020

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 CCFFH recertification. PCG requests a 1 year certification. Home will receive a 2 bed certification.



Compliance Manager

5/6/2020
Date



Primary Care Giver

5/6/2020
Date