

Foster Family Home - Corrective Action Report

Provider ID: 1-562901

Home Name: Emylyn Barr, CNA

Review ID: 1-562901-8

181 Hakuone Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 5/7/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine

Compliance Manager

5/7/2020

Date

EMYLYN BARR

Primary Care Giver

5/7/2020

Date