

Foster Family Home - Corrective Action Report

Provider ID: 5-180051

Home Name: Eileen B. Quetula, CNA

Review ID: 5-180051-4

2976 Hoolako Street

Reviewer: Terri Van Houten

Lihue HI 96766

Begin Date: 7/16/2020

Foster Family Home

Required Certificate

[11-800-6]

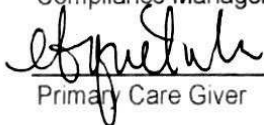
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

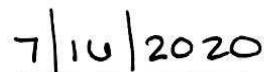
6.(d)(1) – Unannounced home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



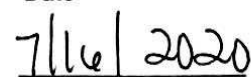
Compliance Manager



Primary Care Giver



Date



Date