

# Foster Family Home - Corrective Action Report

Provider ID: 1-565096

Home Name: Emy Lee, CNA

Review ID: 1-565096-5

94-428 Hamau Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 6/30/2020

Foster Family Home

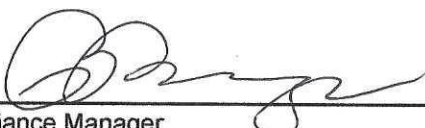
Required Certificate

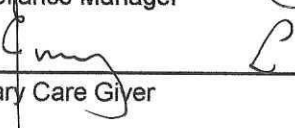
[11-800-6]

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

Comment:

6.(d)(1)- Unannounced visit made on 6/30/20 for a 3 bed CCFFH Recertification Inspection. Home in compliance with all regulations. Home will receive a 3 bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

7/1/20  
\_\_\_\_\_  
Date

7/01/20  
\_\_\_\_\_  
Date