

Foster Family Home - Corrective Action Report

Provider ID: 1-100062

Home Name: Karen Yamashita, RN

Review ID: 1-100062-5

99-701 Kealaluina Drive

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 4/16/2020

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 3 person CCFFH recertification. PCG requests to decrease to a 2 client CCFFH. Home will receive a 2 bed certification.

David Ayling RN
Compliance Manager

4/16/2020
Date

Karen Yamashita
Primary Care Giver

4/16/2020
Date