

Foster Family Home - Corrective Action Report

Provider ID: 3-625022

Home Name: Larry Quiabang, CNA

74-5085 Kumakani Street

Kailua-Kona

HI 96740

Review ID: 3-625022-8

Reviewer: Terri Van Houten

Begin Date: 8/18/2020

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 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

8/18/2020

Date

8/18/20

Date