

# Foster Family Home - Corrective Action Report

Provider ID: 5-190079

Home Name: Lielany Defontorum, CNA

Review ID: 5-190079-3

4369 Anai Street

Reviewer: Terri Van Houten

Lihue HI 96766

Begin Date: 8/10/2020

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

8/10/2020

Date

8/10/20

Date