

Foster Family Home - Corrective Action Report

Provider ID: 1-512782

Home Name: Eufrocina Ledda, RN

Review ID: 1-512782-8

1026 Kupau Street

Reviewer: Julie Hastings

Kailua HI 96734

Begin Date: 6/19/2020

Foster Family Home

Required Certificate

[11-800-6]

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

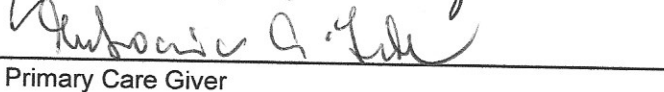
Comment:

6.(d)(1)

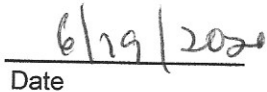
Home inspection completed for a 2 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 2 bed certification


Compliance Manager


Primary Care Giver


Date


Date