Foster Family Home - Corrective Action Report

Provider ID: **1-190045**

Home Name: **Rochelle Billones Visaya, NA** **Review ID:** **1-190045-2**

1774 Kuikele Street Reviewer: Pamela Perry

Honolulu HI 96819 Begin Date: 4/23/2020

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 visit for a 2 person CCFFH recertification review made on 4/23/20. Home in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager — Date: 4/23/20

RVisaya — Primary Care Giver — Date: 05/07/20