

# Foster Family Home - Corrective Action Report

Provider ID: 2-160026

Home Name: Dy Elma Akiyama, CNA

Review ID: 2-160026-8

124 Alaloe Road

Reviewer: Terri Van Houten

Hilo HI 96720

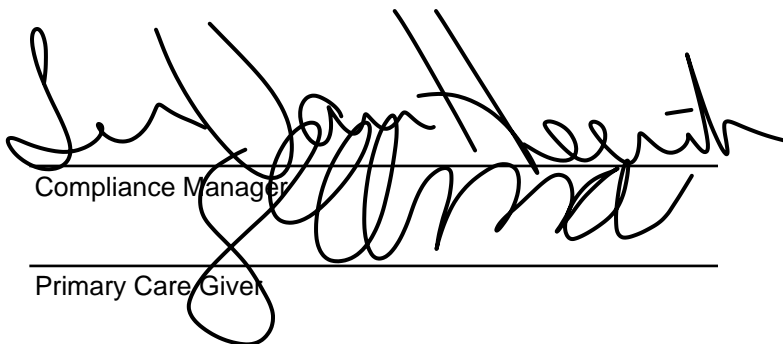
Begin Date: 3/16/2021

**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

3/16/21  
\_\_\_\_\_  
Date  
3/16/21  
\_\_\_\_\_  
Date