

Foster Family Home - Corrective Action Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-7

64-5305 Hoohoa Street

Reviewer: Terri Van Houten

Kamuela HI 96743

Begin Date: 4/28/2021

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 annual home inspection made for a 2 bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date