

Foster Family Home - Corrective Action Report

Provider ID: 1-210048

Home Name: Honeybee Osila, RN

Review ID: 1-210048-1

94-478 Kalukalu Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 6/22/2021

Foster Family Home **Required Certificate** **[11-800-6]**

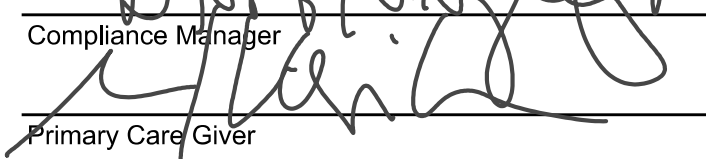
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



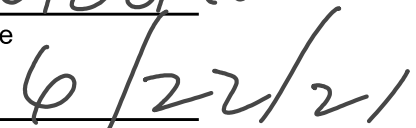
Compliance Manager



Primary Care Giver



Date



Date