

Foster Family Home - Corrective Action Report

Provider ID: 2-190040

Home Name: Racquel Ventura, CNA

Review ID: 2-190040-4

95-5573 Lokelani Street

Reviewer: David Ayling

Naalehu

HI 96772

Begin Date: 4/20/2021

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

David A Ayling
Compliance Manager

Racquel
Primary Care Giver

4/20/2021
Date

4/20/2021
Date