

Foster Family Home - Corrective Action Report

Provider ID: 2-619273

Home Name: Rowena Visaya, CNA

Review ID: 2-619273-9

15-1518 25th Avenue

Reviewer: Terri Van Houten

Keaau

HI 96749

Begin Date: 3/18/2021

Foster Family Home

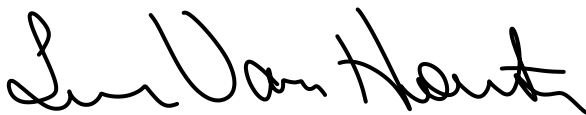
Required Certificate

[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 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



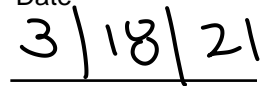
Compliance Manager



Primary Care Giver



Date



Date