

# Foster Family Home - Corrective Action Report

Provider ID: 3-594623

Home Name: Venancio Blanco, CNA

Review ID: 3-594623-12

95-1187 Kukui Road

Reviewer: David Ayling

Na'alehu

HI 96772

Begin Date: 4/20/2021

Foster Family Home

Required Certificate

[11-800-6]

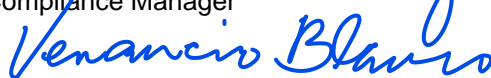
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

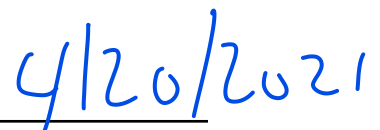
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver



Date



Date