

# Foster Family Home - Corrective Action Report

Provider ID: 1-200023

Home Name: Edilbert Teppang, NA

Review ID: 1-200023-3

1582 Lehua Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 6/30/2021

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 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

6/30/2021  
Date

6/30/2021  
Date