

# Foster Family Home - Corrective Action Report

Provider ID: 4-130002

Home Name: Abigail Navalta, RN

Review ID: 4-130002-10

415 Waiehu Beach Road

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 1/21/2021

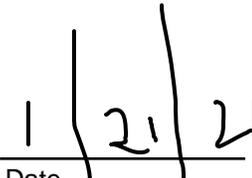
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

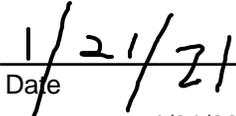
Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date