

Foster Family Home - Corrective Action Report

Provider ID: 4-110017

Home Name: Estrelita Gairan, CNA

Review ID: 4-110017-9

440 Kea Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 1/25/2021

Foster Family Home


Required Certificate

[11-800-6]

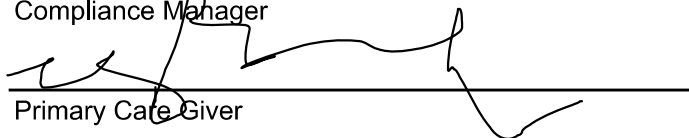
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



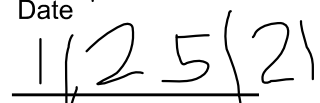
Compliance Manager



Primary Care Giver



Date



Date