

Foster Family Home - Corrective Action Report

Provider ID: 1-631524

Home Name: Araceli Navarro, CNA

Review ID: 1-631524-3

1122 A Aheahe Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 11/3/2015

End Date: 11/3/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 11/3/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date

11/3/15

11/3/15