

Foster Family Home - Corrective Action Report

Provider ID: 1-628125

Home Name: Janette Nino, CNA

Review ID: 1-628125-3

94-1235 Kahuaina Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/25/2015

End Date: 8/31/2015

Foster Family Home

Required Certificate

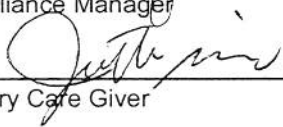
[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager



Primary Care Giver

8/25/2015
Date

08-25-15
Date