

Foster Family Home - Corrective Action Report

Provider ID: 1-559065

Home Name: Antonia Delos Santos, CNA

Review ID: 1-559065-4

94-843 Awaneh Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/16/2015

End Date:

11/16/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted for recertification of three client CCFFH 11/16/2015. All requirements met at time of review. Two year certification issued.

Compliance Manager

Date

11/16/15

Primary Care Giver

Date

11-18-15