

Foster Family Home - Corrective Action Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA

Review ID: 1-628167-5

91-1053 Kuhina Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/7/2015

End Date: 5/7/15

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 3 person recertification review made on 5/7/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

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Emilita Aquino
Primary Care Giver

5/7/15
Date

5/7/15
Date