

Foster Family Home - Corrective Action Report

Provider ID: 1-100008

Home Name: Janet Barrios, CNA

Review ID: 1-100008-5

94-408 Ikepono St.

Reviewer:

Waipahu HI 96797

Begin Date: 1/4/2016

End Date: 1/8/2016

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

(d)(1) Requirements at the time of the home visit made on 1/4/2016 for a 2-bed change to 3-bed certification. No corrective action required. Home is eligible for a 1 year 3 bed certification.

Com

Prim

1/4/2016
Date

1/4/16
Date