

Foster Family Home - Corrective Action Report

Provider ID: 1-561937

Home Name: Jonathan Abania, RN

Review ID: 1-561937-4

1439 Alewa Drive

Reviewer:

Honolulu HI 96817

Begin Date: 12/1/2015

End Date: 12/1/15

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 12/1/15.
All requirements met on day of review. Home will receive a 2 year 2 bed certification.



Compliance Manager

Primary Care Giver

12/1/15
Date

12/1/2015
Date