

Foster Family Home - Corrective Action Report

Provider ID: 1-120040

Home Name: Archie James Antonio, NA

Review ID: 1-120040-6

1305 Nakuina Street

Reviewer:

Honolulu HI 96817

Begin Date: 2/3/2016

End Date: 2/3/2016

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted for recertification of three client CCFFH 2/3/2016. All requirements met at time of review. Two year certification issued.

Compliance Manager

X 

Primary Care Giver

2/3/2016
Date

02/03/2016
Date