

Foster Family Home - Corrective Action Report

Provider ID: 1-100126

Home Name: Ninan Barnes, CNA

Review ID: 1-100126-1

3846 Noeau St

Reviewer:

Honolulu

HI 96816

Begin Date: 6/17/2015

End Date: 6/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for initial certification of 2 bed home on 6/17/15.
All requirements met at time of review.

Compliance Manager

Primary Care Giver

6/17/15
Date

6/17/15
Date