

# Foster Family Home - Corrective Action Report

Provider ID: 1-110026

Home Name: Osmenia Aquino, CNA

Review ID: 1-110026-3

94-1111 Awaiki Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/13/2016

End Date: 1/13/2016

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 two client CCFFH 1/13/2016. All requirements met at time of review. Two year certification issued.

Compliance Manager

OSMENIA Aquino

Primary Care Giver

Date

Date