

Foster Family Home - Corrective Action Report

Provider ID: 1-562414

Home Name: Esperanza Javier Review ID: 1-562414-6

94-493 Hiwahiwa Way Reviewer:

Waipahu HI 96797 Begin Date: 8/22/2016 End Date: 8/22/16

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 3 person CCFFH recertification review made on 8/22/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Esperanza R. Javier

Primary Care Giver

Date

8/22/16

Date