

# Foster Family Home - Corrective Action Report

Provider ID: 1-618811

Home Name: Francisco Redona, CNA

Review ID: 1-618811-4

91-1017 A Keokolo Street

Reviewer:

Kapolei HI 96707

Begin Date: 6/2/2016

End Date: 6/2/16

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 recertification review [REDACTED] Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.