

Foster Family Home - Corrective Action Report

Provider ID: 1-569494

Home Name: Fanny Tan, CNA

Review ID: 1-569494-5

1956 Kealakai Street

Reviewer:

Honolulu

HI 96817

Begin Date: 8/30/2016

End Date: 8/30/16

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 CCFH recertification review made on 8/30/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Fanny Tan
Primary Care Giver

Date

8/30/16
Date