

Foster Family Home - Corrective Action Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-4

94-925 Kuhaulua Street

Reviewer:

Waipahu

HI 96797

Begin Date: 9/14/2016

End Date:

9/14/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit on 9/14/16 for recertification of 2 bed home changing to 3 bed status. All requirements met at time of review. Home eligible for 1 year 3 bed certificate.

Compliance Manager

A. P. Acorda

Primary Care Giver

Date

9/14/16

Date