

Foster Family Home - Corrective Action Report

Provider ID: 1-573700

Home Name: Elvira Fernandez, RN

Review ID: 1-573700-4

2385 Haumana Place

Reviewer:

Honolulu HI 96819

Begin Date: 10/6/2016

End Date: 10/6/16

Foster Family Home Required Certificate

[17-1454-6]

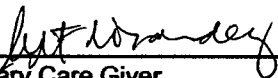
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/6/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver



Date

Date

10/26/16