

# Foster Family Home - Corrective Action Report

Provider ID: 1-100126

Home Name: Ninan Barnes, CNA

Review ID: 1-100126-3

3846 Noeau St

Reviewer:

Honolulu

HI 96816

Begin Date: 9/30/2016

End Date:

9/30/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for an increase to 3 client CCFFH certification review made on 9/30/16. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

9/30/2016

Date