

Foster Family Home - Corrective Action Report

Provider ID: 1-517469

Home Name: Perla Quijano, CNA

Review ID: 1-517469-4

1809 Wahine Place

Reviewer:]

Honolulu

HI 96819

Begin Date: 10/12/2016

End Date: 10/12/16

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 2 person CCFH recertification review made on 10/12/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Perla Quijano

Primary Care Giver

10/12/16

Date

10/12/16

Date