

Foster Family Home - Corrective Action Report

Provider ID: 1-110013

Home Name: Vicenta Acosta, CNA

Review ID: 1-110013-6

94-1037 Mahoe Place

Reviewer:

Waipahu HI 96797

Begin Date: 10/11/2016

End Date: 10/11/16

Foster Family Home Required Certificate

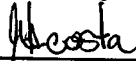
[17-1454-6]

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

Comment:

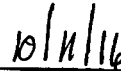
Home visit for a 3 person CCFFH recertification review made on 10/11/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date