

# Foster Family Home - Corrective Action Report

Provider ID: 1-100008

Home Name: Janet Barrios, CNA

Review ID: 1-100008-6

94-408 Ikepono St.

Reviewer:

Waipahu HI 96797

Begin Date: 10/4/2016

End Date: 10/4/16

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 10/4/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

10/04/16

Date