

Foster Family Home - Corrective Action Report

Provider ID: 1-577679

Home Name: Juvelyn Edades, CNA

Review ID: 1-577679-7

1596 Perry Street

Reviewer:

Honolulu HI 96819

Begin Date: 10/14/2016

End Date: 10/14/16

Foster Family Home Required Certificate

[17-1454-6]

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

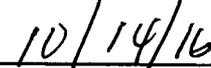
Comment:

Home visit for a 3 person CCFFH recertification review made on 10/14/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager


Primary Care Giver

Date


Date