

Foster Family Home - Corrective Action Report

Provider ID: 1-140075

Home Name: Rowena Han, RN

Review ID: 1-140075-3

99-608 Honohina Street

Reviewer:

Aiea HI 96701

Begin Date: 10/25/2016

End Date: 10/25/16

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 CCFFH recertification review made on 10/25/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Rowena Han
Primary Care Giver

Date

10-25-16

Date