

Foster Family Home - Corrective Action Report

Provider ID: 1-150011

Home Name: Anupama Afu, NA

Review ID: 1-150011-3

86-411 Popohau Place

Reviewer:

Waianae HI 96792

Begin Date: 12/20/2016

End Date: 12/20/16

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 12/20/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Anupama Afu

Primary Care Giver

12/20/16
Date

12/20/16
Date