

Foster Family Home - Corrective Action Report

Provider ID: 1-130028

Home Name: Elsa Atis, CNA

Review ID: 1-130028-6

91-1047 Kuhina St.

Reviewer:

Ewa Beach

HI 96706

Begin Date: 8/11/2016

End Date: 8/11/16

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 8/11/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Elsa Atis

Primary Care Giver

Date

8/11/16

Date