

Foster Family Home - Corrective Action Report

Provider ID: 1-576209

Home Name: Emily Justo, CNA

Review ID: 1-576209-4

94-456 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/30/2016

End Date: 11/30/16

Foster Family Home Required Certificate

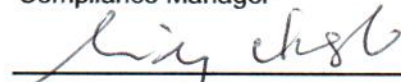
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/30/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager


Primary Care Giver

Date

11/30/16

Date