

Foster Family Home - Corrective Action Report

Provider ID: 1-160007

Home Name: Lani Abara, CNA

Review ID: 1-160007-2

91-1032 Hamana St

Reviewer:

Ewa Beach

HI 96706

Begin Date: 12/21/2016

End Date: 12/21/16

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 12/21/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Lani M. Abara

Primary Care Giver

Date

12/21/16

Date