

# Foster Family Home - Corrective Action Report

Provider ID: 1-617540

Home Name: Archie Redor, RN

Review ID: 1-617540-4

91-101 Aha Way

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/3/2017

End Date: 1/4/17

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 1/3/2017.

6.(d)(1)-Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

01/03/17  
\_\_\_\_\_  
Date