

Foster Family Home - Corrective Action Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-4

94-1038 Hahana Street

Reviewer:

Waipahu

HI 96797

Begin Date: 12/8/2016

End Date: 12/8/16

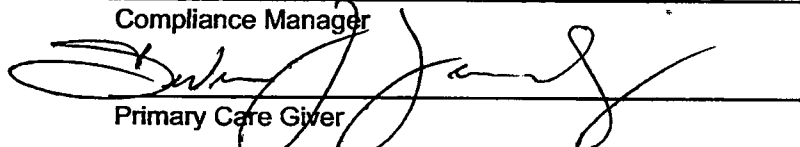
Foster Family Home Required Certificate [17-1454-6]

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

Comment

Home visit for a 3 person CCFFH recertification review made on 12/8/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

12/8/16

Date