

Foster Family Home - Corrective Action Report

Provider ID: 1-160095

Home Name: Andrea Solis, NA

94-571 B Ana Aina

Waipahu

HI 96797

Review ID: 1-160095-1

Reviewer:

Begin Date: 1/20/2017

End Date: 1/22/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1)-New Home visit made on 1/20/2017 for a 2 bed certification. No corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager

Amfeli

Primary Care Giver

Date

1/20/2017

Date