

Foster Family Home - Corrective Action Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

Review ID: 1-561177-5

1935 Uiana Street

Reviewer:

Honolulu HI 96819

Begin Date: 2/8/2017

End Date: 2/8/17

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 3 person CCFFH recertification review made on 2/8/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date