

Foster Family Home - Corrective Action Report

Provider ID: 1-570053

Home Name: Isabel Infante, CNA

Review ID: 1-570053-5

1537 Hala Drive

Reviewer:

Honolulu HI 96818

Begin Date: 1/17/2017

End Date:

1/17/17

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 1/17/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Isabel R. Infante

Primary Care Giver

Date

1/17/17

Date