

Foster Family Home - Corrective Action Report

Provider ID: 1-576241
Home Name: Luz Agustin, CNA Review ID: 1-576241-5
87-290 Mikana Street Reviewer:
Waianae HI 96792 Begin Date: 1/10/2017 End Date: 1/10/17

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 1/10/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager
Luz Agustin

Primary Care Giver

Date
1/10/17

Date