

Foster Family Home - Corrective Action Report

Provider ID: 1-510645

Home Name: Priscilla Brunn, RN

Review ID: 1-510645-4

99-243 Aiea Heights Drive

Reviewer:

Aiea HI 96701

Begin Date: 1/6/2017

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:

6(d)(1)-Home visit for a 2 person CCFFH recertification review made on 1/6/2017.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Priscilla Brunn

Primary Care Giver

Date

1/6/17

Date