

Foster Family Home - Corrective Action Report

Provider ID: 1-511065

Home Name: Reynaldo Tauyan, CNA

Review ID: 1-511065-4

91-1071 Oaniani Street (Apt. 7D)

Reviewer:

Kapolei HI 96707

Begin Date: 1/23/2017

End Date: 1/23/17

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 1/23/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Reynaldo Tauyan
Primary Care Giver

Date

1/23/17
Date