

Foster Family Home - Corrective Action Report

Provider ID: 1-561531
Home Name: Sunny Lee, CNA Review ID: 1-561531-6
3229-A Francis Street Reviewer: :
Honolulu HI 96815 Begin Date: 1/18/2017 End Date: 1/18/17

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 1/18/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date