

# Foster Family Home - Corrective Action Report

Provider ID: 1-510653

Home Name: Virginia Montano, CNA

91-1063 Kauiki Street

Ewa Beach

HI 96706

Review ID: 1-510653-5

Reviewer:

Begin Date: 2/3/2017

End Date: 2/3/17

## Foster Family Home

## Required Certificate

[17-1454-6]

6.(b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

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 2/03/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

*V Montano*

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*2/3/17*

\_\_\_\_\_  
Date