

Foster Family Home - Corrective Action Report

Provider ID: 1-512724

Home Name: Editha Jacinto, CNA

Review ID: 1-512724-5

94-270 Puamano Place

Reviewer:

Waipahu

HI 96797

Begin Date: 2/7/2017

End Date: 2/7/17

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

Compliance Manager

Levina Jai

Primary Care Giver

Date

2-10-17

Date