

# Foster Family Home - Corrective Action Report

Provider ID: 1-511198

Home Name: Juanita Naone, CNA

Review ID: 1-511198-4

2020 Puna Street

Reviewer:

Honolulu

HI 96817

Begin Date: 2/21/2017

End Date: 2/21/17

Foster Family Home

Required Certificate

[17-1454-6]

3.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/21/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

*Juanita Naone*

Primary Care Giver

Date

2/21/17

Date