

Foster Family Home - Corrective Action Report

Provider ID: 1-100039

Home Name: Petty Basa, NA

Review ID: 1-100039-5

94-249 Paiwa Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/22/2017

End Date: 2/22/17

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 2 person CCFFH recertification review made on 2/22/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date



Date