

Foster Family Home - Corrective Action Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA

Review ID: 1-628167-6

91-1053 Kuhina Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 5/3/2017

End Date: 5/3/17

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 5/3/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Emilita Aquino

Primary Care Giver

Date

5/3/17

Date