

Foster Family Home - Corrective Action Report

Provider ID: 1-622474

Home Name: Jhoan Acosta, CNA

Review ID: 1-622474-3

1922 Lohilani Street

Reviewer: [REDACTED]

Honolulu HI 96819

Begin Date: 5/5/2017

End Date: 5/5/17

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

Compliance Manager



Primary Care Giver

Date

5/5/17

Date