

Foster Family Home - Corrective Action Report

Provider ID: 1-527260

Home Name: Cesar Comiso, CNA

Review ID: 1-527260-4

91-951 Puhikani Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/17/2017

End Date: 4/17/17

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 4/17/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

Date 4/17/17