

# Foster Family Home - Corrective Action Report

Provider ID: 1-512443

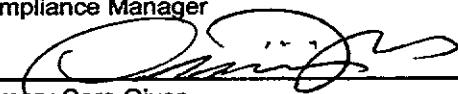
Home Name: Dionisio Aguilar, CNA      Review ID: 1-512443-6  
94-245 Pupukoa Street      Reviewer: David Ayling  
Waipahu      HI      96797      Begin Date: 2/27/2017      End Date: 2/27/17

Foster Family Home      Required Certificate      [17-1454-6]

6.(d)(1)      Comply with all applicable requirements in this chapter, and

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Comment:

Home visit for a 3 person CCFFH recertification review made on 2/27/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date  
2/27/2017  
\_\_\_\_\_  
Date