

Foster Family Home - Corrective Action Report

Provider ID: 1-561408

Home Name: Jennifer Kaukeano, CNA

Review ID: 1-561408-4

91-924 Pailani Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/4/2017

End Date: 4/4/17

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

Compliance Manager

J Kaukeano

Primary Care Giver

Date

4/4/17

Date