

Foster Family Home - Corrective Action Report

Provider ID: 1-170011

Home Name: Jerry Nacion Jr., CNA

Review ID: 1-170011-1

99-104 Puakala St.

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 7/18/2017

End Date: 7/18/2017

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

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

Comment:

6.d.1-Home visit made for a new 2 bed CCFFH certification survey. Home is in compliance with all requirements. Home will receive a 1 year 2 bed certification.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

7/18/2017
Date

7/18/2017
Date