

Foster Family Home - Corrective Action Report

Provider ID: 1-100126

Home Name: Ninan Barnes, CNA

Review ID: 1-100126-4

3846 Noeau St

Reviewer: Carrie Wakai

Honolulu HI 96816

Begin Date: 7/17/2017

End Date: 7/17/2017

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 3 person CCFFH certification survey. Home met all requirements and is eligible for a 2 year 3 person certification.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

07-17-2017
Date

07/17/2017
Date