

Foster Family Home - Corrective Action Report

Provider ID: 1-090063

Home Name: Sally Aguinardo, CNA

Review ID: 1-090063-5

91-1670 Auwaha Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/7/2017

End Date: 4/7/17

Foster Family Home

Required Certificate

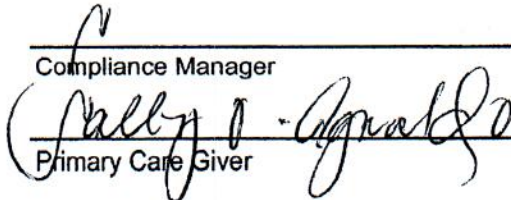
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 4/7/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager


Primary Care Giver

Date

4/7/17
Date