

Foster Family Home - Corrective Action Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-5

94-925 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/11/2017

End Date: 8/11/17

Foster Family Home

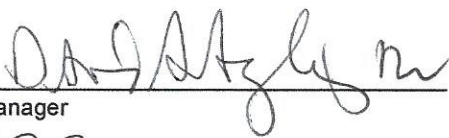
Required Certificate

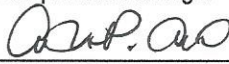
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/11/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date