

Foster Family Home - Corrective Action Report

Provider ID: 1-561317

Home Name: Eduardo Duquez, CNA

Review ID: 1-561317-4

91-1035 Kaiakua Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 9/1/2017

End Date: 9/1/17

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

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

Comment:

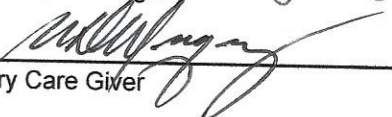
Home visit for a 3 person CCFFH recertification review made on 9/1/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

9/1/17

Date



Primary Care Giver

9/1/17

Date