

Foster Family Home - Corrective Action Report

Provider ID: 1-110078

Home Name: Jane Fernandez, CNA

Review ID: 1-110078-10

94-1205 Lumikula St.

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/18/2017

End Date: 9/18/17

Foster Family Home

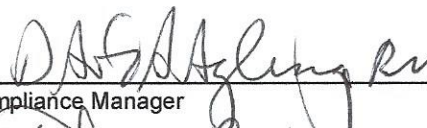
Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/18/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

9/18/17
Date

9/18/17
Date