

Foster Family Home - Corrective Action Report

Provider ID: 1-628125

Home Name: Janette Nino, CNA

Review ID: 1-628125-4

94-1235 Kahuaina Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 8/30/2017

End Date: 8/30/2017

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 bed CCFFH recertification visit.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certificate.

Carrie Wakai
Compliance Manager

Janette Nino
Primary Care Giver

8/30/17
Date

08/30/17
Date