

Foster Family Home - Corrective Action Report

Provider ID: 1-511148

Home Name: Florencio Sandi, CNA

Review ID: 1-511148-4

1749 Nalani Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 9/27/2017

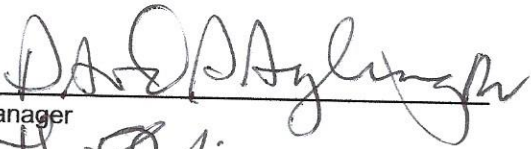
End Date: 9/27/17

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

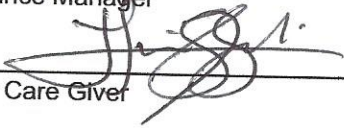
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/27/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

9/27/17
Date


Primary Care Giver

9/27/17
Date