

Foster Family Home - Corrective Action Report

Provider ID: 1-512013

Home Name: Noemi Antonio, CNA

Review ID: 1-512013-5

1504 Haloa Drive

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 9/11/2017

End Date:

9/11/17

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 9/11/17.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

Noemi Antonio
Primary Care Giver

9/11/17
Date

9/11/17
Date