

Foster Family Home - Corrective Action Report

Provider ID: 1-510497

Home Name: Nonita Acorda, CNA

Review ID: 1-510497-5

66-883 Kamakahala Street

Reviewer: David Ayling

Waiialua

HI 96791

Begin Date: 10/6/2017

End Date:

10/6/17

Foster Family Home

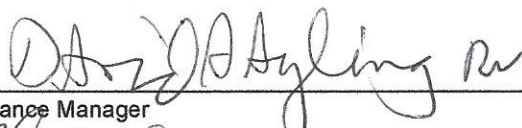
Required Certificate

[17-1454-6]

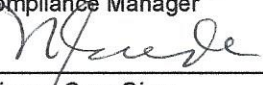
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFH recertification review made on 10/6/17.
Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager

10/6/17
Date


Primary Care Giver

10/6/17
Date