

Foster Family Home - Corrective Action Report

Provider ID: 1-559065

Home Name: Antonia Delos Santos, CNA

Review ID: 1-559065-5

94-843 Awane Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/7/2017

End Date: 11/7/17

Foster Family Home

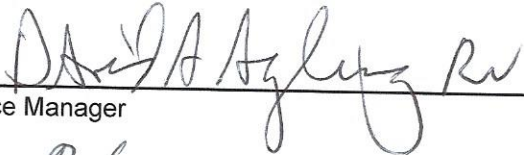
Required Certificate


[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 11/7/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

11/7/17
Date

11-7-17
Date