

Foster Family Home - Corrective Action Report

Provider ID: 1-562513

Home Name: Carina Aguilar, CNA

Review ID: 1-562513-6

94-1356 Waipahu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/27/2017

End Date: 10/27/17

Foster Family Home

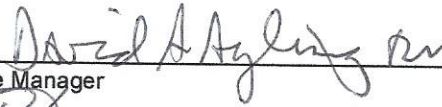
Required Certificate

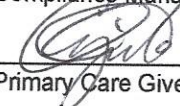
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/27/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

10/27/17
Date

10/27/17
Date