

Foster Family Home - Corrective Action Report

Provider ID: 1-569676

Home Name: Jedeliah Felix, CNA

2730 Kalihi Street

Honolulu

HI 96819

Review ID: 1-569676-5

Reviewer: David Ayling

Begin Date: 10/31/2017

End Date: 10/31/17

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 10/31/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

DA SA Ayling R
Compliance Manager

JFH
Primary Care Giver

10/31/17
Date

10-31-17
Date