

# Foster Family Home - Corrective Action Report

Provider ID: 4-170064

Home Name: Cynthia Segunda N.A.

Review ID: 4-170064-1

66 Koki Place

Reviewer: David Ayling

Kihei

HI 96753

Begin Date: 12/18/2017

End Date: 12/18/17

Foster Family Home

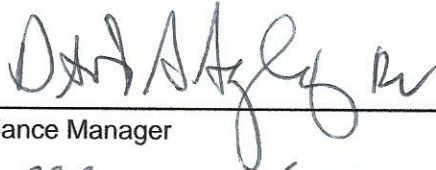
Required Certificate

[17-1454-6]


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

Comment:

Home visit for a new 2 person CCFFH certification review made on 12/18/17. Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.

  
Compliance Manager

12/18/17  
Date

  
Primary Care Giver

12/18/17  
Date