

Foster Family Home - Corrective Action Report

Provider ID: 1-100108

Home Name: Miriam Brillante, CNA

Review ID: 1-100108-5

35 Makani Avenue

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 11/20/2017

End Date: 11/20/17

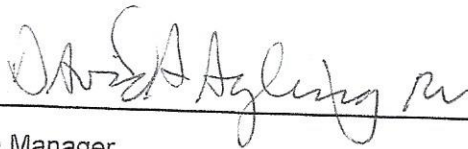
Foster Family Home Required Certificate

[17-1454-6]

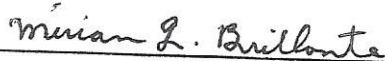
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

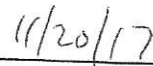
Home visit for a 2 person CCFFH recertification review made on 11/20/17. PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.



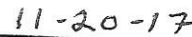
Compliance Manager



Primary Care Giver



Date



Date