

Foster Family Home - Corrective Action Report

Provider ID: 1-120040

Home Name: Archie James Antonio, CNA

Review ID: 1-120040-8

94-881 Kuhaulua St

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 1/29/2018

End Date: 1/31/2018

Foster Family Home


Required Certificate

[17-1454-6]


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

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

1/29/2018
Date

1/29/2018
Date