

Foster Family Home - Corrective Action Report

Provider ID: 1-628159

Home Name: Alma Abellanosa, CNA

Review ID: 1-628159-4

1808 B Beckley Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/6/2018

End Date: 3/6/18

Foster Family Home

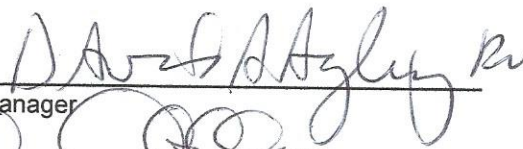
Required Certificate

[17-1454-6]

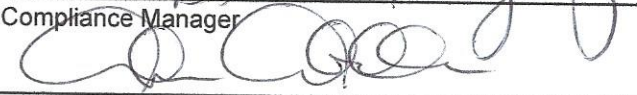
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/6/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

3/6/18
Date


Primary Care Giver

3/6/18
Date