

# Foster Family Home - Corrective Action Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

Review ID: 1-594730-4

1618 Ohu Street

Reviewer: Sue Lo

Honolulu HI 96819

Begin Date: 2/5/2018


End Date: 2/9/2018

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 2 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 2 bed certification.

  
\_\_\_\_\_  
Compliance Manager

2/3/2018  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

2-5-18  
\_\_\_\_\_  
Date