

# Foster Family Home - Corrective Action Report

Provider ID: 1-090102

Home Name: Janet Funtila, CNA

Review ID: 1-090102-7

94-618 Hiahia Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/1/2018

End Date: 2/1/18

Foster Family Home

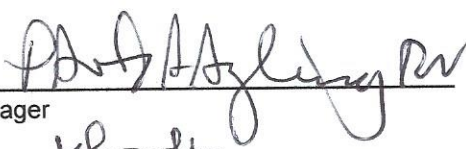
Required Certificate

[17-1454-6]


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

Comment:

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

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

2/1/18  
Date

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

2/1/18  
Date