

Foster Family Home - Corrective Action Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

Review ID: 1-160096-3

4483 Luaole Street

Reviewer: David Ayling

Honolulu HI 96818

Begin Date: 3/14/2018

End Date: 3/14/18

Foster Family Home

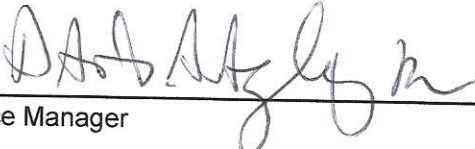
Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH requesting to increase to a 3 person CCFFH. Review made on 3/14/18.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.



Compliance Manager

3/14/18
Date



Primary Care Giver

3/14/18
Date