

Foster Family Home - Corrective Action Report

Provider ID: 1-581779

Home Name: Karen Asuncion, CNA

Review ID: 1-581779-5

1815 Akina Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 1/30/2018

End Date: 1/30/18

Foster Family Home

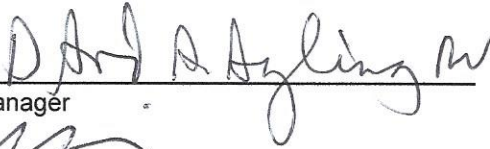
Required Certificate

[17-1454-6]

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

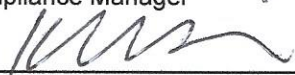
Comment:

Home visit for a 3 person CCFFH recertification review made on 1/30/18.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

1/30/18
Date



Primary Care Giver

1/30/18
Date