

Foster Family Home - Corrective Action Report

Provider ID: 1-110018

Home Name: Charly Micua, CNA

Review ID: 1-110018-7

94-423 Hiahia Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/20/2018

End Date: 3/20/18

Foster Family Home

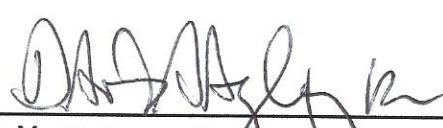
Required Certificate

[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 3/20/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

3/20/18
Date


Primary Care Giver

3/20/18
Date