

Foster Family Home - Corrective Action Report

Provider ID: 1-634677

Home Name: Feby Adviento, NA

Review ID: 1-634677-4

1452 Alani Street Unit A

Reviewer: David Ayling

Honolulu HI 96817

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 recertification review made on 3/14/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling
Compliance Manager

3/14/18
Date

Feby Adviento
Primary Care Giver

3-14-18
Date