

Foster Family Home - Corrective Action Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

Review ID: 1-562430-5

94-288 Kahuanani Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/27/2018

End Date: 3/27/18

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 3/27/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

3/27/18
Date

Feby Josue
Primary Care Giver

3/27/18
Date