

Foster Family Home - Corrective Action Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

94-227 Loaa Street

Waipahu

HI 96797

Review ID: 1-090054-5

Reviewer: David Ayling

Begin Date: 3/14/2018

End Date: 3/14/18

Foster Family Home

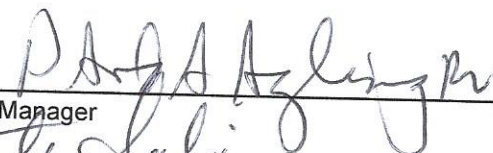
Required Certificate

[17-1454-6]

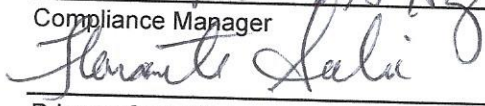
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

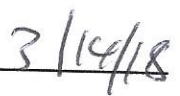
Home visit for a 2 person CCFFH recertification review made on 3/14/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.



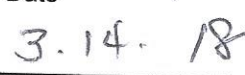
Compliance Manager



Primary Care Giver



Date



Date