

Foster Family Home - Corrective Action Report

Provider ID: 1-170021

Home Name: Steeven Pineda, CNA

Review ID: 1-170021-2

92-485 Awawa St.

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 3/19/2018

End Date: 3/19/18

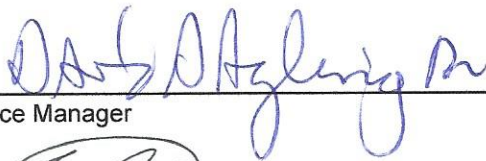
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 3/19/18. PCG requests to increase to a 3 person CCFFH. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

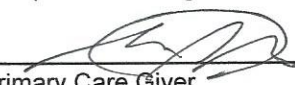
Compliance Manager



Date

3/19/18

Primary Care Giver



Date

3/19/18