

Foster Family Home - Corrective Action Report

Provider ID: 1-560369

Home Name: Zeny Duropan, CNA

Review ID: 1-560369-7

6-168 Mailili Road

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 3/15/2018

End Date: 3/15/18

Foster Family Home

Required Certificate


[17-1454-6]

(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.

(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

3/15/18
Date

3/15/18
Date