

Foster Family Home - Corrective Action Report

Provider ID: 1-150002

Home Name: Beatriz F. Borres, CNA

Review ID: 1-150002-6

94-418 Hoaeae St.

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/30/2018

End Date: 5/30/18

Foster Family Home

Required Certificate

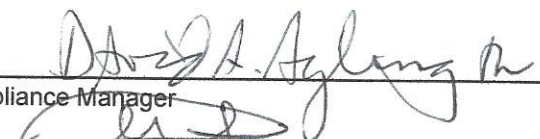
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/30/18.

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


Compliance Manager


Primary Care Giver

5/30/18
Date

5/30/18
Date