

Foster Family Home - Corrective Action Report

Provider ID: 4-180009

Home Name: Faina Borie

120 Kealohilani Street

Kahului

HI 96732

Review ID: 4-180009-1

Reviewer: David Ayling

Begin Date: 4/27/2018

End Date: 4/27/18

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 new 2 person CCFFH certification review made on 4/27/18.

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

David Ayling RV
Compliance Manager

Faina Borie
Primary Care Giver

4/27/18
Date

4/27/18
Date