

Foster Family Home - Corrective Action Report

Provider ID: 1-618811

Home Name: Francisco Redona, CNA

91-1017 A Keokolo Street

Kapolei

HI 96707

Review ID: 1-618811-5

Reviewer: David Ayling

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

05/30/18
Date