

# Foster Family Home - Corrective Action Report

Provider ID: 4-562977

Home Name: Evelyn Aquino, CNA

Review ID: 4-562977-10

421 Waiehu Beach Rd.

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 6/6/2018

End Date: 6/6/18

Foster Family Home

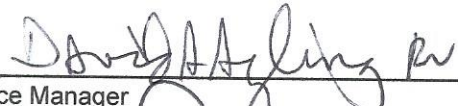
Required Certificate

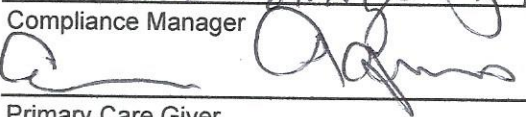
[17-1454-6]

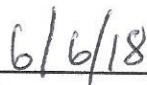
6.(d)(1) Comply with all applicable requirements in this chapter; and

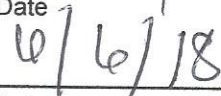
Comment:

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date