

Foster Family Home - Corrective Action Report

Provider ID: 1-180033

Home Name: Renosie Campos, NA

Review ID: 1-180033-1

2157 Aamanu Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 7/9/2018

End Date: 7/9/18

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 2 person new CCFFH certification review made on 7/9/2018.

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


Compliance Manager


Primary Care Giver

7/9/18
Date

July 9, 2018
Date