

# Foster Family Home - Corrective Action Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-7

94-493 Hiwahiwa Way

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/3/2018

End Date: 8/03/18

Foster Family Home

Required Certificate


[17-1454-6]

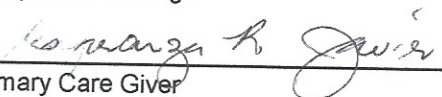
6.(d)(1) Comply with all applicable requirements in this chapter; and

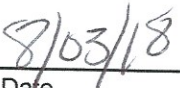
Comment:

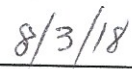
Home visit for a 3 person CCFFH recertification review made on 8/03/18.

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