

# Foster Family Home - Corrective Action Report

Provider ID: 1-170052

Home Name: Juliet Carino, NA

Review ID: 1-170052-2

5171 Likini street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 7/24/2018

End Date: 7/24/18

Foster Family Home Required Certificate


[17-1454-6]

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

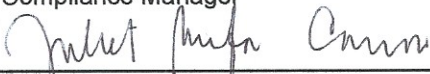
Comment:

Home visit for a 2 person CCFFH recertification review made on 7/24/18. PCG requests 1 year certification.

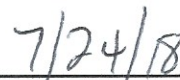
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.



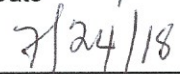
Compliance Manager



Primary Care Giver



Date



Date