

Foster Family Home - Corrective Action Report

Provider ID: 1-564486

Home Name: Kristine Vicente, CNA

Review ID: 1-564486-7

94-527 Laenui Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/8/2018

End Date: 8/8/18

Foster Family Home

Required Certificate

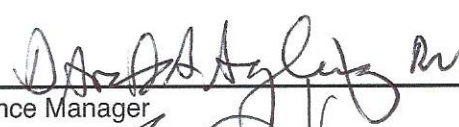
[17-1454-6]

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

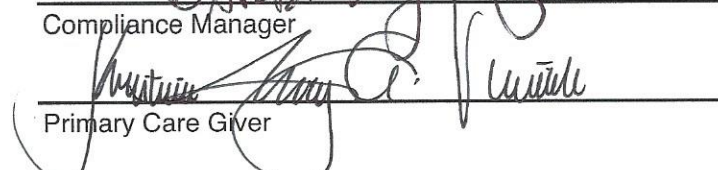
Comment:

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

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

8/8/18
Date


Primary Care Giver

8/8/18
Date