

Foster Family Home - Corrective Action Report

Provider ID: 1-140068

Home Name: Beth C. Peralta, CNA

Review ID: 1-140068-6

94-467 Hene Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/24/2018

End Date: 8/28/18

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 8/28/18.

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

David Ayling
Compliance Manager

8/28/18
Date

Beth C. Peralta
Primary Care Giver

8/28/18
Date