

Foster Family Home - Corrective Action Report

Provider ID: 1-569494

Home Name: Fanny Tan, CNA

Review ID: 1-569494-6

1956 Kealakai Street

Reviewer: Angelica Galindo

Honolulu HI 96817

Begin Date: 9/4/2018

End Date: 9/04/18

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 9/04/18.

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

Angelica Galindo RN
Compliance Manager

Fanny Tan
Primary Care Giver

9/04/18
Date

9/4/18
Date