

# Foster Family Home - Corrective Action Report

Provider ID: 1-110042

Home Name: Steven Scott, Jr., CNA

Review ID: 1-110042-8

1604 Perry Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 9/4/2018

End Date: 9/4/18

Foster Family Home Required Certificate

[17-1454-6]

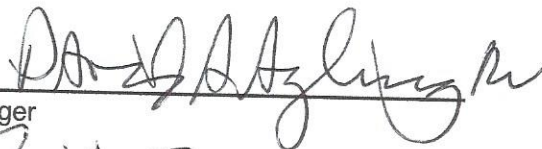
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/4/18.

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

Compliance Manager



Date

9/4/18

Primary Care Giver



Date

9/4/18