

Foster Family Home - Corrective Action Report

Provider ID: 1-510471

Home Name: Juliet Acoba, CNA

Review ID: 1-510471-6

94-1028 Puloku Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/6/2018

End Date: 9/6/18


Foster Family Home Required Certificate [17-1454-6]

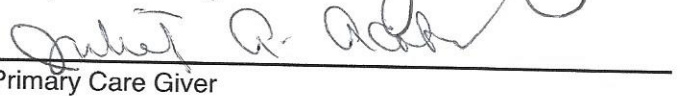
6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment: _____

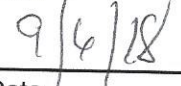
Home visit for a 3 person CCFFH recertification review made on 9/6/18.

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


Compliance Manager


Primary Care Giver


Date


Date