

Foster Family Home - Corrective Action Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-5

94-1169 Kahuanui Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/6/2017

End Date: 12/6/17

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 2 person CCFFH recertification review made on 12/6/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling

Compliance Manager

12/6/17

Date

CAsuncion
Primary Care Giver

12-6-17

Date