

Foster Family Home - Corrective Action Report

Provider ID: 1-170096

Home Name: Florida Repuya, CNA

Review ID: 1-170096-2

94-230 Kahulio Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 12/4/2018

End Date:

12/04/18

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 2 person CCFFH recertification review made on 12/04/18.

6.(d)(1) - Home in compliance with all requirements.

AG Galindo RN

Compliance Manager

Florida T. Repuya

Primary Care Giver

Date

12/04/18

Date

12/4/18