

Foster Family Home - Corrective Action Report

Provider ID: 1-570053

Home Name: Isabel Infante, CNA

Review ID: 1-570053-6

1537 Haloa Drive

Reviewer: Angelica Galindo

Honolulu

HI 96818

Begin Date: 1/14/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/14/2019.

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

Angelica Galindo, RW
Compliance Manager

Isabel R. Infante
Primary Care Giver

1/14/19
Date

1/14/2019
Date