

# Foster Family Home - Corrective Action Report

Provider ID: 1-130019

Home Name: Jesus Malunao Jr, CNA

Review ID: 1-130019-6

92-801 Ahikoe Street, Suite B

Reviewer: Angelica Galindo

Kapolei HI 96707

Begin Date: 8/14/2018

End Date: 8/14/18

Foster Family Home

Required Certificate

[17-1454-6]

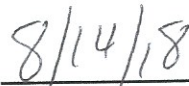
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

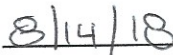
Home visit for a 3 person CCFFH recertification review made on 8/14/18.

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date