

Foster Family Home - Corrective Action Report

Provider ID: 1-559007

Home Name: Melecia Andres, CNA

Review ID: 1-559007-6

1182 Manuwa Drive

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 1/16/2019

Foster Family Home

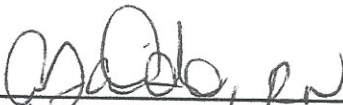
Required Certificate

[11-800-6]

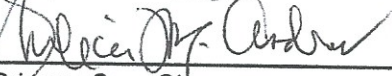
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/16/2019.
6.(d)(1) - Home in compliance with all requirements.



Compliance Manager



Primary Care Giver

1/16/19
Date

1/16/19
Date