

Foster Family Home - Corrective Action Report

Provider ID: 1-130004

Home Name: Mylene Ceon, CNA

Review ID: 1-130004-6

91-1120 Kaunolu Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 3/6/2018

End Date: 3/6/18

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 CCFH recertification review made on 3/6/18.

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

David Ayling
Compliance Manager

Mylene Ceon
Primary Care Giver

3/6/18
Date

3/6/18
Date