

Foster Family Home - Corrective Action Report

Provider ID: 1-616146

Home Name: Ofelia Suarez, CNA

1723 Perry Street

Honolulu

HI 96819

Review ID: 1-616146-4

Reviewer: David Ayling

Begin Date: 1/11/2018

End Date: 1/11/18

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 1/11/18.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

Ofelia Suarez
Primary Care Giver

1/11/18
Date

1/11/18
Date