

Foster Family Home - Corrective Action Report

Provider ID: 1-569949

Home Name: Patricia Nicolas, CNA

Review ID: 1-569949-5

2008 Kealoha Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 11/15/2017

End Date: 11/15/17

Foster Family Home

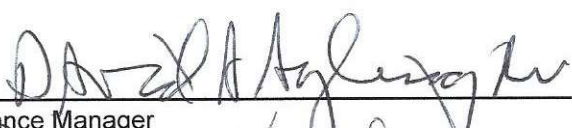
Required Certificate

[17-1454-6]

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

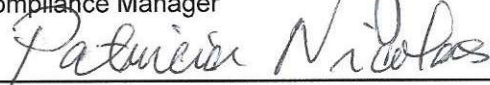
Comment:

Home visit for a 3 person CCFFH recertification review made on 11/15/17.
Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

11/15/17
Date



Primary Care Giver

11/15/17
Date