

# Foster Family Home - Corrective Action Report

Provider ID: 1-190003

Home Name: Frederick Jose, CNA

Review ID: 1-190003-1

94-398 Kahuanani Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/23/2019

Foster Family Home Required Certificate

[11-800-6]

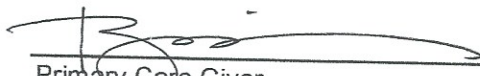
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home inspection for a 2 person new CCFFH certification review made on 2/23/19.

6.(d)(1) - Home is in compliance with all requirements

  
Compliance Manager

  
Primary Care Giver

2/23/19  
Date

2/23/19  
Date