

# Foster Family Home - Corrective Action Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza, CNA

Review ID: 1-160025-4

91-614 Pohakupuna Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 2/11/2019

Foster Family Home

Required Certificate

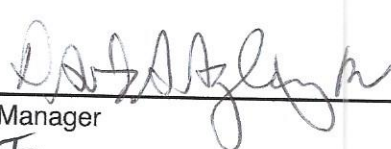
[11-800-6]

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

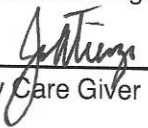
Comment:

Home visit for a 3 person CCFFH recertification review made on 2/11/19.

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

  
Compliance Manager

2/11/19  
Date

  
Primary Care Giver

2/11/19  
Date