

Foster Family Home - Corrective Action Report

Provider ID: 1-180018

Home Name: Roxanne Aranda, CNA

Review ID: 1-180018-2

3415 Aliamanu Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 3/13/2019

Foster Family Home

Required Certificate

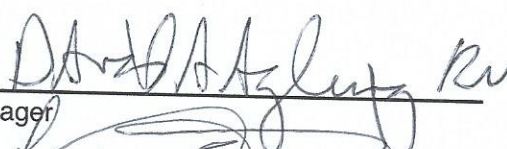
[11-800-6]

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

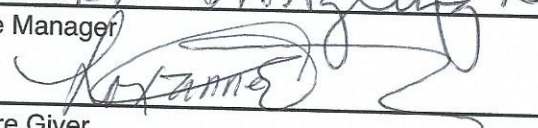
Comment:

Home inspection for a 2 person CCFFH recertification made on 3/13/19. PCG requests to increase to a 3 client CCFFH.

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


Compliance Manager

3/13/19
Date


Primary Care Giver

3/13/19
Date