

Foster Family Home - Corrective Action Report

Provider ID: 1-190035

Home Name: Aurelio Rapio Jr., CNA

Review ID: 1-190035-1

4211 Keaka Drive

Reviewer: Lisa Johnson

Honolulu

HI 96818

Begin Date: 5/24/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification made on 5/24/19. Home is in compliance with all requirements.



Compliance Manager



Primary Care Giver

5/24/2019

Date

5/24/2019

Date