

# Foster Family Home - Corrective Action Report

Provider ID: 1-622474

Home Name: Jhoan Acosta, CNA

Review ID: 1-622474-4

1922 Lohilani Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 5/17/2019

Foster Family Home

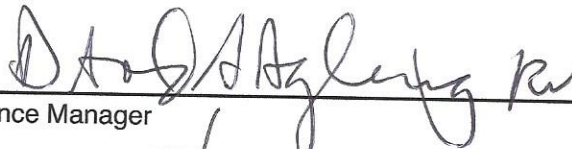
Required Certificate


[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 5/17/19. PCG requests to increase to a 3 client CCFFH.  
6.(d)(1) - see applicable sections of the review  
Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

5/17/19  
Date

5/17/19  
Date