

Foster Family Home - Corrective Action Report

Provider ID: 1-634677

Home Name: Feby Adviento, NA

1452 Alani Street, Unit A

Honolulu

HI 96817

Review ID: 1-634677-5

Reviewer: Pamela Perry

Begin Date: 3/12/2020

Foster Family Home

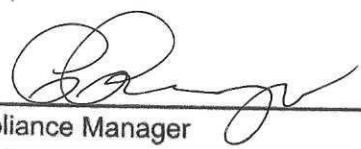
Required Certificate

[11-800-6]

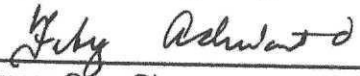
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home visit for a 2 person CCFFH recertification review made on 3/12/2020. Home in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver

3/12/20
Date

03-13-20
Date