

Foster Family Home - Corrective Action Report

Provider ID: 1-190035

Home Name: Aurelio Raplo Jr., CNA

4211 Keaka Drive

Honolulu HI 96818

Review ID: 1-190035-2

Reviewer: Pamela Perry

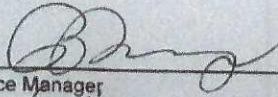
Begin Date: 4/24/2020

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 4/24/20. Home in compliance with all requirements. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

4/24/20
Date

5/6/2020
Date