

# Foster Family Home - Corrective Action Report

Provider ID: 1-170058

Home Name: Felipa Genetiano, CNA

Review ID: 1-170058-5

1305 Nakuina Street

Reviewer: Pamela Perry

Honolulu HI 96819

Begin Date: 7/7/2020

Foster Family Home

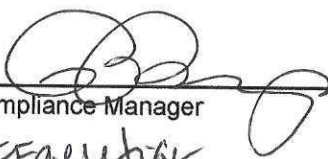
Required Certificate

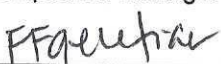
[11-800-6]

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

Comment:

6.(d)(1)- Unannounced visit made on 7/7/2020 for a 3 bed CCFFH Recertification inspection. Home in compliance with all regulations. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date