

Foster Family Home - Corrective Action Report

Provider ID: 1-160056

Home Name: Grace Fermin, CNA

1730 Kilohi Street

Honolulu

HI 96819

Review ID: 1-160056-6

Reviewer: Pamela Perry

Begin Date: 8/3/2020

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 for a 3 bed CCFFH Recertification inspection. Home in compliance with all regulations. Home will receive a 3 bed certificate.


Compliance Manager


Primary Care Giver

8/3/20
Date

8/3/20
Date

Date