

Foster Family Home - Corrective Action Report

Provider ID: 1-569494

Home Name: Fanny Tan, CNA

1956 Kealakai Street

Honolulu

HI 96817

Review ID: 1-569494-8

Reviewer: David Ayling

Begin Date: 9/3/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.

David Ayling
Compliance Manager

Fanny Tan
Primary Care Giver

9/3/2020
Date

9/3/2020
Date